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THE ETIOLOGY OF SPECIFIC DISEASES.

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(Concluded from page 307.)

We come now to *endemic diseases*. These diseases are sometimes called "local epidemics," but they differ from epidemics inasmuch as they are not *infectious* or *contagious*. They do not spread outside of localities in which they originate.

There are but few diseases which can properly be classified under the head of endemics. Intermittent fever and goitre are the principal.

Intermittent fever to the student of etiology, is a subject of intense interest, not only because its phenomena are mixed, strange, and peculiar, but also from the fact that Dr. J. H. Salisbury, of Ohio, has recently announced that he has discovered its cause to be a certain microscopic cryptogamous plant.

Dr. Salisbury deserves much credit as a patient and laborious investigator, but I am far from being convinced that the fungus he discovered in the soil of a malarious district is the true cause of intermittent fever. The phenomena of the disease are such that I am forced to believe that its cause will yet be found in some form of *animal* rather than vegetable life.

Let us examine a few of the principal phenomena of the disease and see which theory will best explain them.

First. It is endemic and will not spread out of certain districts which are called *malarial*. If an infected person leaves a malarial district he carries the disease with him and may suffer from it for years, but he cannot impart it to other persons with whom he may come in contact. No person can take the disease without going to the fountain head, a malarial district.

It seems evident then, that the cause of intermittent fever is not reproduced in the human system, or if reproduced, that it does not leave the system to infect other individuals.

If the disease is caused by a fungus, we must suppose the human body to afford the proper soil in which its spores can germinate; and if they do germinate in the system, then they produce perfect plants in *one term of life*, as is the law of cryptogamous plants. These plants would of course reproduce spores precisely like those which originally caused the disease. Dr. Salisbury found these spores constantly present upon the mucous membrane of the mouth, the tongue, and in the salivary secretion and expectoration of those laboring under intermittent fever.

Now, why is the disease not infectious? What prevents these spores from floating about in the atmosphere and infecting fresh victims? We may be answered, that the spores can live only in a *malarious atmosphere*, if such a term is allowable; that they would disperse and find fresh victims in a malarious district, while they would perish in ordinary air. Now I ask, can we conceive spores so sensitive and with vitality so frail that they would at once perish in an ordinary atmosphere, while they would flourish in malaria, or "bad air," which differs so slightly from pure air, that the most sensitive instruments known to science fail to detect the difference?

But Dr. Salisbury has himself shown that these spores do *not* require a special atmosphere, for he claims to have produced intermittent fever outside of malarial districts.

From an account of his discovery in the Medical and Surgical Reporter of Feb. 17th, 1866, I quote the following paragraph:

"The author has made experiments relative to the production of intermittent fever in localities entirely free from malarial influences, by carrying boxes filled with surface earth from a malarious drying prairie bog, covered with the palmellæ, to these localities, and exposing persons to their emanations. Attacks of intermittent were the result."

Again I would ask, why is not intermittent infectious everywhere? Has not Dr. S. proved a little too much? But will the animalcular theory explain why intermittent fever is endemic and not infectious!

In the first place, we may assume that animalculæ are more sensible to occult conditions of the air than are the spores of cryptogamous plants. But the strongest argument I think is, that they may pass through several stages of existence, and that the human system can only nourish them in one of these metamorphoses.

An animalcule corresponding to a perfect insect may deposit eggs in the human system, which may be developed into *larvæ;* these larvæ may find an element in the system on which to feed, but in changing to another form it may be necessary for them to leave the body and to pass the next stage of their existence in a peculiar air or soil, where the essential elements of their life are found. On leaving the human body, as they are not perfected, they cannot deposit eggs in other bodies, and if they do not find proper food in the air or in the soil, they must perish.

Second. The cause of intermittent fever is *most active at night.* Dr. Salisbury says that his spores rose highest at night. It is natural to ask *why* they do this, and *how* they do it. If not possessed of locomotive powers, they must rise by *floating;* and a necessary condition of a floating body is that it must be lighter than the medium in which it floats. Now does the air grow heavier every night, or do the spores grow lighter? Does the barometer always rise at nightfall? Admitting that the air is *condensed* at night, it is only because it is cooler, and now we may suppose that the motions of these spores are governed by the *temperature* of the air.

It ought to be safe then to go into a rice swamp on a hot night, and dangerous to enter it on a cool day. In spite of the plausibility of this theory, if I was obliged to enter a malarial swamp, I would prefer to do it in daylight, and *the colder the day the better.*

Another consideration: Dew falls at night, especially in swamps. Dew has a tendency to condense on solids, especially upon plants. Is it not reasonable to suppose that dew would condense on Dr. Salisbury's spores, *and weigh them down* at night? Naturally one would suppose that these spores would float in the air in bright hot sunshine, and that they would sink to the earth at night.

Will the animalcular theory account for *malaria* being most noxious at night? I can only answer, that many species of animals, especially insects, are known to be nocturnal in their habits.

Third. The cause of intermittent fever lies near the surface of the earth. This fact is so well known to medical men, I will not attempt to prove it. What I have said to account for malaria being most noxious at night must suffice to explain this fact.

Fourth. Malaria is attracted by and attaches itself to vegetation, or as is sometimes said, it has an *affinity* for trees, which affinity is not easily broken, even by strong winds. On this head, Dr. Watson says, "Another remarkable property of the marsh-poison is its attraction toward and adherence to the foliage of large umbrageous trees. So it is very dangerous in malarious districts to go under large thick trees, and still more dangerous to sleep under them." And again, "In the territory of Guiana, where large trees abound, the settlers live fearlessly and unhurt close to pestiferous marshes and to leeward of them, provided that a screen or belt of trees be interposed." Now how can a belt of trees hold the spores of a cryptogamous plant against a strong wind? Would the settlers in Guiana, who live to *leeward* of pestiferous marshes, be safe if the cause of intermittents was dust, pollen, or *spores?* I will not waste time in showing that animalcules could hold on to the trees, but will proceed to examine other phenomena.

Fifth. Malaria cannot cross water, even though the wind be blowing in that direction. A narrow stream of water to *leeward* of an infected district is an effectual barrier to the disease. A ship may anchor close under the lee of an infected shore, and none of the crew will take the disease unless they land upon that shore. Why would not Dr. Salisbury's spores be blown across a narrow stream of water, especially *at night,* when he tells us *they float in the air,* and rise "from *thirty-five to one hundred feet and more above the surface*"?

Sixth. Intermittent fever, like epidemic diseases, *chooses its victims.* In the white race, both sexes and all ages, from the fœtus in utero to the nonogenerian, are liable—but men in the prime of life are most so; while the African race is almost entirely exempt. I need not repeat here what I have already said about choice of victims under the head of epidemic diseases.

Finally. We may gain some knowledge of the nature of a disease by studying its therapeutics, or in considering the nature and mode of action of such drugs as experience has shown to be efficient remedies for it. Now it is an instructive fact that various bitter medicines will cure intermittent fever. Before the introduction of quinia, very many bitter plants had been found useful; and it would seem that whatever *embitters the blood* has a curative influence in all cases of intermittent fever. Does it not appear plausible that animalcules would be more easily driven out

of the system by the small quantity of bitter vegetable principle circulating in the blood, than would any form of vegetable life?

Dr. Salisbury prosecuted his researches in the right direction, and he used the proper instrument, the microscope, to aid him. It is quite possible that he actually saw the true cause of intermittents, but did not recognize it. We are told that in the salivary secretion and expectoration of those laboring under intermittent fever he discovered "a great variety of zoosporoid cells, *animalcular bodies*, diatomes, dismidia, algoid cells, and filaments and fungoid spores."

One other class of specific diseases, the *pandemic*, remains to be considered. The word pandemic is defined in the dictionaries to mean "an epidemic affecting all the people of a country." I do not know of any such disease, and if such a one exists it is an epidemic, and we do not need the word pandemic to describe it. We do need a word, however, in contradistinction to endemic, expressive of a *universal disease*, one that is known everywhere in all countries; and in that sense I will use the word pandemic. Without attempting to name all of the diseases which should be classified as pandemic, I will say that phthisis is in my opinion the principal one.

Admitting two forms of phthisis, one following repeated attacks of catarrh or pneumonia in a debilitated subject, and the other resulting from tubercles in the lungs—the former ought to be considered a general disease and the latter a specific one.

Specific or tuberculous phthisis may well be called a pandemic or universal disease, for it attacks all varieties of the human race in all countries and in all climates. The only point to be considered here is, is tubercle a specific germ, having the power of reproduction?

In the first place we may remark that in many European countries, especially in Italy, the disease is held to be contagious. In our own country there are many intelligent observers who advocate the same theory. But *tubercle may be transmitted by inoculation*. I quote the following from the *Medical News and Library*, Jan. 18, 1867, in which it is copied from the *Med. Times and Gazette*. "In the *Gazette Hebdomadaire*, we have a continuation of M. Villemin's researches as to the inoculability of tubercle. In rabbits he has again and again succeeded in reproducing it in this manner, not only when taken from the human subject, but still more rapidly when derived from the cow; further, the tubercular matter thus produced in one rabbit, could in like manner be transmitted to another, in the same way as syphilis."

It will be observed that M. Villemin derived some of the tubercles from the cow. It would be interesting to know if tubercles found in the cow, and those of the human subject are identical. If so, then we have an exception to the general law, that a specific disease attacks only one species, and is innoxious to all others unless its germ be transplanted; and for that reason I am strongly inclined to believe that the two kinds of tubercle are distinct. In confirmation of this view, it will be noticed that M. Villemin found tubercles developed in the rabbit, *still more rapidly when derived from the cow*. Further observation will probably discover other points in which cow-tubercle differs from that found in the human system.

Having now cited examples from each of the classes of specific diseases, and endeavored to show that they are caused by living germs, I will now attempt to promulgate the principal laws which govern them. I regard this as the most difficult portion of my task.

In the science of etiology we deal with the mutable principle of life. Diseases being the results of living organisms acting upon living organisms, are always more or less erratic, and do not appear to be governed by laws of mathematical precision, such as belong to astronomy and to chemistry.

Laws of nature relating to inorganic matter are fixed and invariably enforced; but nature appears to partially relinquish her hold upon living matter, and to allow the principle of life to control it in part. Thus in the human body the law of gravity appears to be suspended, and the blood circulates in the head as well as in the feet; the laws of heat are suspended, and the body maintains its normal temperature; the laws of chemistry, and the stomach is a laboratory having laws of its own, which the life principle may alter or amend. Thus while physical laws are immutable, vital laws are erratic and liable to freaks. The freaks of nature are the freaks of vitality.

No one great fundamental law governs in disease as the law of gravitation governs in the physical world, but we require several laws to explain their phenomena. In fact, the phenomena of a disease when occurring with regularity, may be said to be its laws. With this explanation we offer the following as approximating the time.

Laws of Specific Diseases.

1. A specific disease attacks only one species of animal or plant, and is innoxious to all others unless its germ be transplanted.

2. A specific germ can never cause but one disease.

3. A contagious disease, when exclusively so, is always foreign to the species in which it is found, and must have originated in some other species to which it is infectious and from which its germ was transplanted.

4. A transplanted disease is never infectious to the new species, and it can only be transmitted in that species by inoculation.

5. A specific disease is not changed in character by transplanting, but it retains its individuality under all circumstances; being always infectious to the species in which it originated and contagious to that in which it is transplanted.

6. Epidemic diseases require as essential conditions, first, a specific germ; second, an epidemic constitution of the air; and third, a predisposition of individuals of the human race.

7. The element essential to the existence of an epidemic—known as the epidemic constitution of the air—is always exhausted by the disease itself, and thus the duration of an epidemic is always limited, seldom exceeding ninety days.

8. The germs of an epidemic disease require a special pabulum upon which to feed while in the larval state, the presence of which in the human system constitutes the predisposition to disease.

9. The germs of an epidemic disease do not act immediately upon the human system, but require a certain period of time for development, which period constitutes the period of incubation.

10. The perfect organisms have the power of passing through the air a limited distance from an infected person, and thus the disease spreads by infection.

11. The germs may be transported in clothing or other goods or merchandize, and thus epidemics are carried westward by commerce.

12. If the pabulum of a disease is exhausted by a single attack, the disease cannot recur until that element has been redeveloped.

As this essay is already too long I might well close here; but I wish to add a few brief arguments in support of the theory of the organic nature of the cause of specific diseases.

First. A disease may become extinct, as a race of animals or a species of vegetation. Many diseases mentioned by ancient writers are now unknown. The terrible leprosy spoken of in the Bible is probably extinct, and the pustulous plague which devastated London in the 17th century we hope will never again appear.

Second. Contagions are destroyed by agents which destroy animal life. Excessive heat or cold, poisonous or suffocative gases, as chlorine or sulphurous acid; chemicals, as carbolic acid, iodine, bromine, etc., these are the agencies we employ as disinfectants, and they will all destroy life.

Third. Epidemic diseases are analogous to epiphytic diseases, and these latter, so far as their causes are known, are always caused by parasites.

Fourth. Epizootic diseases are also, in many cases, known to be caused by parasites, and it is reasonable to suppose that future observation will reveal that others are. A most interesting fact has recently been discovered in England. "*The flesh of cattle dying from rinderpest, or killed while affected with it, is found in all cases to be swarming with animalcules.* To show the great abundance of living organisms constantly swarming around us, although unseen by our unaided vision, I quote the following extract from a correspondent of the *Medical Press and Circular*, signing himself S. G. O., in the number for Sep. 26th, 1866.

"There is no surface which can be exposed, which is not forever swept by a cloud of organisms floating in the air, ærozoa as I have named them. Many of these we may trace and name and build theories about them, but *there is a vast mass I believe, which not even the greatest powers of the modern microscope can reach.* Of these we can see there are many of which we know nothing, they may be very poisonous, or they may have their part in the economy of health." "There can be no doubt that there are floating matters, particles, germs, molecules, fungoid spores, or whatever we may please to call them, which do vary according to the source from which we obtain them, but I have ever found with these there were others to be found *at all times in the purest atmosphere.*"

A vast majority of these ærozoa must evidently be innoxious to the human race, but I firmly believe that some of them cause specific diseases, and that others affect the health of man without causing actual disease. The effects of different climates upon the *physique* and health of man leading to national traits and peculiarities, are not caused by differences of temperature, by the presence or absence of moisture, nor by any meteorological conditions. What is it that transforms the fat and florid Englishman or German into the thin and sallow Yankee? The dryness of our climate some will say. It may be that the average air of America is dryer than that of England, but it cannot be true that the air of our seaboard is dryer than that of the interior of Northern Europe.

In no country of the globe is food more abun-

dant than in the United States, and the people of no other nation are better fed. Yet the Yankee is seldom fat, and the lean ones cannot get fat, eat what they will. There appears to be some cause constantly operating to sap and exhaust them, so that they are never properly nourished; that this exhaustion is not owing to the evaporation of the animal fluids caused by the dryness of the air, is proved by the fact that in some districts far west, Minnesota for instance, where the air is far dryer than in New England, the inhabitants are fat and plump with clear complexions.

Invisible parasites, sapping his life blood, make the Yankee lean, and parasites irritating his nasal passages, making catarrh almost a universal disease, cause the nasal twang peculiar to his speech, and also the disgusting habits of hawking and spitting.

Let a lank Yankee from Vermont with dry crisp light hair ship on board of one of our whale ships for a three or four years voyage to the Pacific, and he will usually return with rounded limbs, and always with *moist hair* two or three shades darker. I have noticed that whalemen returning from the Pacific almost always have glossy hair, which is well oiled by the natural secretions of the scalp.

Not only do parasites cause diseases and national peculiarities, but they also cause decay. Decay of organic matter is not a process of oxidation merely, *but dead organic matter is consumed by living organisms.*

I do not purpose to pursue this subject here, but at some future time I may attempt to show that *disease is decay before death; decay, disease after death.*

ON THE TREATMENT OF DIPHTHERIA.

By H. Fischer, M.D.,

Of Harrison Co., Indiana.

If you find the following remarks on the treatment of diphtheria worthy of being published in your valuable journal, I shall feel highly gratified. Let me state that I am a German, and find it often difficult to express my thoughts pertaining to matters of every day life, even in such a manner as I would wish to, and could in my mother tongue—how much more difficult must it be to discuss scientific questions, and to explain and defend positions, which are at present at variance with the usually adopted theories and practice of the medical profession? But I hope the above statement will, in charity, be considered a mitigating circumstance, if I fail to express myself in the best king's English. I justly pre-suppose that every physician, and especially every reader of the Reporter, is fully acquainted with the pathology of diphtheria, and I shall therefore not attempt to repeat here descriptions which have been given before, by abler and more fluent writers.

I intend to make only a few remarks on the treatment of diphtheria, or rather give the details of a treatment which I have pursued for the last five or six years, and which, so far, has in my hands been eminently successful, to such a degree that I think diphtheria a readily controlable disease, contrary to the generally expressed opinion, "that it is almost beyond our control."

I have treated diphtheria at all seasons of the year, in subjects of all ages, in the country and the city, in different parts of the State, hundreds of miles apart, and never lost a patient yet by it, although I had several hundred cases to treat in the above-mentioned space of time. I make this statement not boastingly, but I wish to induce others to try my plan of treatment. I would like to see it tested, whether my luck is due to accident, or the superiority of my treatment.

A large proportion of all cases of diphtheria are of a mild character, and would probably get well without medication, but still it is well never to neglect a case, mild though it may appear at the outset. I remember some such cases, which caused me much annoyance and some sleepless nights for my neglect.

Five or six years ago, diphtheria made its appearance in this part of the State in the epidemic form; it was very fatal, and almost caused a panic amongst parents; children being mostly the victims, although adults were attacked very frequently with the same fatal result.

The treatment at that time was about the same as it is to-day; tonics, stimulants, local application of nitrate of silver, in substance or solution, tinct. of iodine, perchlor. iron, etc. Observing the great mortality in spite of treatment, I supposed that it hardly could be greater if a different one should be adopted.

The first case which came under my control for treatment, was of a sthenic type; the subject, a strong robust country girl, æt. 13 years, of a nervous lymphatic temperament. High fever, hot and dry skin, flushed face, tonsils and uvula much tumefied, thickly covered with diphtheritic deposits, tongue coated, as if with the same substance, nares also stopped up, her breath highly offensive, fluids regurgitating through the nose if she attempted to drink, her voice hoarse, a short grating cough harassing her much. She complained of pain in her throat, and head, and

belly; she was very restless, and seemed to be in much distress. Under these circumstances I had the courage to follow my own instinctive suggestion. In the first place, I gave her a mild saline cathartic of infus. rhei, with sodæ et potass. tartras, following it with a mixture of chloride of ammon., syr. ipecac., vin. antimon., spir. æth. nitr., and applied to the neck and throat cold water poultices; gave a gargle of infusion of sage leaves, with alum, honey, and vinegar. Under this treatment I had the pleasure to see her recover in a short time.

Although I have modified the above treatment to suit individual cases, and meet indications resulting from the type of the disease, it is the basis of my treatment.

Much anxiety and care is manifested by most physicians, to remove as quickly as possible the diphtheritic deposit, as if it were the disease, and not merely a symptom. Strong caustics and astringents, even forceps, are used to accomplish this object. I consider this practice highly objectionable, and never was guilty of it; never employed any nitrate of silver, iodine or iron, but always use gargles for this purpose; in mild cases, mostly nothing but salt and water. In individual cases, where the poison, from its limited quantity in the system, is all eliminated, or perhaps where it may have been neutralized by remedies, in such cases the forcible removal of the dipththeritic membrane may do no harm; but since its presence in those localities, from which it can be removed by mechanical means, is of little importance, the removal is of questionable benefit.

It seems to me this diphtheritic deposit serves the purpose to protect the diseased and highly sensitive mucous membrane underneath, against external violence during its diseased state. Its forcible removal will certainly increase the irritation.

If diphtheria is a blood disease, why not believe that nature makes the attempt to eliminate the poison by this very deposit? And that she chooses principally the mucous membrane in the first place of the fauces, next the larynx and trachea? Now if the function of that part of the mucous membrane, which covers the fauces tonsils, etc., is impaired or altogether suppressed by the administration of caustics or astringents, the exudation of diphtheritic deposit and consequent elimination of the specific poison cannot take place in such parts, but nature will attempt to call into action some other part of the mucous membrane, which has not been thus mutilated. Consequently, the deposit invades the larynx and trachea, where its presence causes the most serious complication of diphtheria, the croupal form, which, I believe, is rarely seen at the time of the first attack of the disease, but mostly induced during its course.

The object of my treatment is threefold:

1st. To subdue inflammation.

2d. Eliminate the poison.

3d. Support the system.

To accomplish the first, I attach the highest importance to the application of external remedies, in the shape of a poultice or dressing. The following formula I have found to answer most satisfactorily:

℞. Aquæ ammon., tinct. camphoræ, chloride ammon., of each one ounce. Aquæ pluvial, one quart. Misce. To apply this neatly and effectually requires some care, and I generally fix the first dressing myself. On it depends principally the success of my treatment. I take a piece of coarse soft muslin, or linen, of a size to answer the individual case; I double it, or fold it up four times, like a cravat, then moistening it thoroughly with the above solution, taking care to squeeze out all superfluous moisture, to prevent it from running down under the patient's clothes. This must be done quickly, or the ammon. will all evaporate before applied. I then lay it around the neck of the patient. The cloth ought to be long enough to reach all around the neck, and lap over a little. It ought to come up as high as the inferior maxilla bone will permit.

I lay it on smoothly, not too loose and not too tight; over this wet cloth I apply a flannel roller three or four turns, being careful to cover every part of the wet cloth. This dressing I renew about every three hours, or oftener, if much heat is present and the cloth becomes hot and dry.

The action of this dressing is very prompt, reducing the tumefaction and removing the pain. It is also very grateful to the feeling of the patient. In small children and tender-skinned patients it will produce small red pimples, which will become quite painful sometimes, so that the lotion has to be diluted with water, or simple water has to be substituted altogether for a day or two. This dressing I continue until all diphtheritic deposit has disappeared.

If the case is protracted and not very urgent, I omit the dressing through the daytime, and only put it on at night, directing the neck and shoulders to be well sponged with cold water and rubbed dry with a coarse towel; being careful to keep the neck well covered with a soft woollen comforter when the dressing is off. From obvious reasons it is advisable to keep the pa-

tient in-doors when the dressing is on and the weather not warm and pleasant.

I make use of this wet cravat in all forms of diphtheria. In the sthenic simple form I change it oftener and use it more diluted to get the cooling property. In asthenic typhoid cases I use it stronger, with longer intervals of change, to have its stimulating action. The croupal form demands its application over neck, breast, and shoulders.

In three cases, however, where it failed to give relief, I obtained my end by the application of a large blister on the breast. The blistered surface became thickly covered with diphtheritic deposit; the patients recovered.

To meet the second indication, to eliminate the poison, I employ such remedies as I think have a specific action on the mucous membrane, combining them with diuretics.

In sthenic cases I give at first a mild saline cathartic, such as Rochelle salts with infusion of rhubarb. In typhoid cases I give castor oil, with ol. terebinth. Then I prescribe the following:

℞. Ammon. chlorid.,
Acet. potass.,
Spts. æth. nitrici, āā f.℥ij.
Syr. ipecac.,
Syr. scillæ comp., āā f.℥ss.
Aquæ, f.℥ij. M.

S. One teaspoonful to children, and one tablespoonful to adults every three hours, diminishing or increasing the dose according to age.

In typhoid cases where there is much prostration, I use in addition to the above some wine or brandy in moderate doses, besides a nourishing diet of beef-tea. Also quinia et ferri citras in proper doses.

For children I frequently substitute the chlorate potass. in place of the chlorid. ammon., the taste of the latter preventing its use, but it is far superior to the chlorate potash. Tr. ferri. chlorid. I have never employed, although it is the generally acknowledged sheet-anchor in diphtheria.

To eliminate the poison I consider gargles very important, because they will stimulate the mucous membrane to healthy action, besides diminishing inflammation and removing the diphtheritic deposits.

As mentioned above, in mild cases I order salt and water only, or the infusion of sage, f.℥xvj., with alum, ℥ss., honey and vinegar, āā f.℥j.

In some cases, when it is desirable to remove the accumulated deposit when it is undergoing putrefaction, and when the tumefied tonsils and uvula actually block up the whole passage, (I have seen the uvula as large as a hickory-nut, looking like a clot of pus,)—in such cases I use the following gargle:

℞. Capsicum, f.℥ij.
Mellis,
Potass. chlorat., āā ℥j.
Acid acet., f.℥j.
Aquæ fervid., f.℥xvj. M.

S. Gargle.

Adults will use it as a gargle, but in children it has to be applied with a sponge fastened to a stick.

To support the system, I find it only necessary in typhoid cases to interfere actively, and I have never found much trouble in that respect, contrary to general opinion. Emetics in urgent croupal cases ought not to be neglected. But my paper has become so lengthy already, that I must break off at once or I may fill several more sheets, to the detriment of more interesting matter.

CANCER OF RECTUM, BLADDER, AND URETHRA; DEATH; AUTOPSY.

By J. Calvin Mead, M. D.,
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P. G., 22; United States; admitted into Bellevue Hospital May 8th, 1866.

His family has been healthy with exception of the mother, who died of phthisis in April 1865. He had enjoyed good health until about one year before admission. At that time he was troubled with flatulency; had considerable difficulty in passing his motions, and strained much while at stool. A month or two later, he experienced pain about the sacrum, at times shooting down the limbs. Soon the habitual constipation was replaced by diarrhœa and hæmorrhage from the rectum, which greatly weakened him. The pains in the rectum, perineum, and limbs, increased in severity. Three weeks before admission to hospital, on rising one morning he could not pass his urine. A physician catheterized him, and gave him an instrument with instructions as to the mode of using it. This he passed without difficulty on the same evening, but on the following morning, not succeeding so well, he used considerable violence, and on withdrawing it (without accomplishing his object,) there was a flow of blood from the urethra, which continued about an hour. Subsequently blood was always mingled with the urine.

On admission patient was very pale and much emaciated, presenting a sallow, cachectic, appearance. A sanious discharge was passing from the rectum constantly, adding much to his discomfort. The integument around the anus is greatly indu-

rated, and the mucous membrane so thickened and everted as to resemble hemorrhoids. A physical examination of the rectum showed calibre of tube much diminished by a fungus growth which bled readily when touched. The necessary examination caused much suffering. The prostate body seems to be enlarged. There is a chain of enlarged glands in either groin. (Has never had a chancre.) Morphia was freely administered by hypodermic injection, and, when the pain in the rectum became aggravated, suppositories of opium were used. He was also placed upon the use of cod-liver oil, iron, quinia, nourishing diet and stimulants.

May 12th. Case examined by Drs. Van Buren, Gouley, and others, and diagnosis of cancer of rectum confirmed. A physical examination of lungs, showed slight consolidation at the upper lobe of left lung. Two hop hip baths daily, promoted his comfort and enabled him to pass the urine without the aid of a catheter. He gradually failed, and died May 22d, 1866.

Autopsy 12 hours after death. The rectum and genito-urinary apparatus were removed and examined.

Rectum. For an inch around the anus, the inter- and subcutaneous cellular tissues were indurated by cancerous infiltration. The mucous membrane of lower portion of rectum was everted. The lower inch of the rectum was so indurated and contracted, that only with great difficulty could the finger be introduced into the gut above. Beyond this the intestine was distended to twice its natural diameter. The mucous membrane was sloughing and of a greenish hue. At a distance of four inches above the first stricture, there was a second, quite as contracted. The remaining portion of rectum was apparently healthy.

Bladder. This organ contained six ounces of a dark viscid fluid of a chocolate color and very offensive odor. At the trigone and neck there were a quantity of white streaks and some cancerous matter in masses imbedded in the mucous membrane.

Urethra and Prostate. The prostate and prostatic portion of urethra were deeply involved in the disease. There was a longitudinal deposit of cancerous matter under the mucous membrane of the whole extent of the membranous portion, lessening its calibre very much.

Kidneys—Fatty; weight 18½ ounces.

No other organs could be examined. The deposit at the apex of the lung may have been malignant in its nature.

Microscopical examination confirmed the diagnosis, by showing cancer cells in abundance in specimens from rectum, bladder, urethra, prostate and inguinal glands.

The chief point of interest in the case, was the age of the individual in whom it occurred.

Curling records one case at 23. Ashton states that a specimen "taken from a boy," was presented to the Pathological Society in 1846.

CASES OF SPERMATORRHŒA.

By W. E. Whitehead, M.D.,
Capt. and Ass't. Surgeon, U. S. A.

Case I. Mr. C——, a civil engineer, æt. 24 years; single; sanguine lymphatic temperament. He had always enjoyed robust health, had been engaged in out door occupations nearly all his life. Mr. C., was not addicted to any bad habits, he never used tobacco or liquors, nor did he visit houses of prostitution. He was a close student, and occupied his time, when not in the field, in the diligent study of his profession. First noticed the unnatural discharge of semen when about twenty-one years old, it then occurred about once a month most always accompanied by voluptuous dreams. In the course of a few months the interval was diminished in length from four, to three and two weeks, and finally during the year previous to consulting me, the seminal emissions recurred two and three times weekly.

When I first saw him, he complained of having seminal emissions two or three times a week, often accompanied by dreams; some general debility; nervous; want of appetite; frequent desire to urinate, often only able to pass a few drops of urine, preceded or followed by discharge of several drops of a glairy fluid; had a deep seated pain in the perineum; great weakness of eye-sight with a burning pain in the eye-balls. This last symptom, I have observed in every case of this disease that has come under my observation. The patient generally complains of heat, dryness, and some degree of dimness of sight of both eyes, and he has a desire to rub or moisten them frequently. Upon examination I found the testicles slightly atrophied, firmly drawn up against the pubic bones, sensitive, and painful upon the slightest touch. The prostate gland was tender, and when pressed upon with the finger in the rectum, a small quantity of glairy albuminous looking fluid could be forced out per urethra.

Treatment. *Dietetic*; ordered a generous and nourishing diet of easily digested food, to avoid stimulants of every kind.

Hygienic—Directed the patient to sleep in a cool room well ventilated, with but light bed-covering, to recline on his side and avoid sleeping on his

back; to take a cold or tepid sitz-bath every night before retiring, to avoid all causes of venereal excitement. I would here state, that in ordinary baths for patients, I generally let them try whether the cold, tepid, or warm bath agrees best, for should the reaction be too violent after a bath, there is very apt to be some venereal excitement set up; the object being to allay excitement.

Medical. Ordered preparations of iron and quinia separately, and combined to tone the system; at bed time, ext. hyoscyamus, camphor, and lupuline alternately; injections of tinct. iodine; argent. nitratis in solution; more particularly tinct. iodine with glycerine, one part of the former to four or seven of the latter, according to the amount of urethral irritation there may be. I always make the injections myself, at first every other night, and at longer intervals as the emissions become less frequent. Following this plan of treatment for four months resulted in a permanent cure in Mr. C's case.

Case II. Mr. N——, note broker; æt. 23 years; married; nervo-bilious temperament. Mr. N. had always enjoyed good health; habits very temperate; was engaged in an exciting out-door business. First had involuntary seminal emissions during the time his wife was convalescing from her first parturition. Seminal emissions recurred two or three times a week, producing great nervous debility; severe frontal headache; great heat and irritation of the eyes; testicles painful and sensitive to touch, scrotum relaxed; discharge of glairy fluid per urethra after urinating, and upon making pressure per rectum on the prostate gland. Appetite fair; bowels regular, urinated no more frequently than usual; sleep disturbed; occasionally voluptuous dreams.

TREATMENT. *Dietetic:* To have nourishing, easily digested food, small glass of claret wine at dinner, to take meals regularly, light supper, not to use tea or coffee.

Hygienic: To sleep alone in a cool well ventilated room, upon a hard hair mattrass, with light woolen bed-covering; to take a cold sitz bath, also injections of cold water per urethra and per rectum night and morning; to keep the bladder empty, rise every morning at five o'clock to urinate; avoid all venereal excitement, and not to have carnal intercourse at all. To continue (as was his habit,) to exercise in the open air daily.

Medical: The patient was ordered to take one or more five grain pills of ext. hyoscyam., camphor and lupuline every night on retiring to bed. Injections of tinct. iodine and glycerine (one part to four,) every other day for first two weeks, then less frequently. At the end of about two months, emissions of semen were much less frequent, but, owing to irritation produced by the injection on one occasion, the patient had an attack of orchitis of the left testicle, which was soon relieved by depletion by leeches and fomentations. On the third day of the attack, I made an incision through the scrotum and tunica vaginalis testis, thereby evacuating about one drachm of fluid, relieving all painful symptoms, and in a few days the patient was able to attend to his business. By reason of this attack further treatment was deferred until the following autumn, when the same injections were resumed, and at the end of three months the patient was entirely cured.

Case III. Mr. P——, a copyist; æt. 32; married; nervo-lymphatic temperament. Habits temperate; used tobacco and stimulants moderately; had always enjoyed good health, notwithstanding his close confinement to a crowded and badly ventilated room, where he was often engaged in writing from fourteen to sixteen hours daily. First attack of involuntary seminal emissions came on while he was suffering from great mental anxiety owing to serious family troubles, necessitating the confinement of his wife to a lunatic asylum. Emissions of semen recurred twice a week, producing debility, indisposition to perform his usual duties, frontal headache, heat and pain of eyeballs, confusion of ideas, inability to concentrate his thoughts upon one subject for any length of time. Appetite bad; bowels constipated; urine hot and caused some scalding; micturition frequent; glairy fluid followed each discharge of urine, and could be forced out by pressure upon the prostate gland; testicles normal; some tenderness of spermatic cord; heavy pain in the perineum and vesical region.

TREATMENT. *Dietetic:* The patient was directed to take his meals at regular hours, to have a small glass of lager beer at dinner, to make a light supper, food to be plain and nourishing, not to use tea, coffee, or tobacco.

Hygienic: To walk from two to four miles per day, to sleep on a hard bed with light bed-covering in a cool room, to be regular in his hours of retiring and rising from bed, to use sitz-bath of cold water morning and evening, also, cold water injections per urethra and rectum at bedtime, to avoid all excitement of a venereal nature, to empty the bladder at 4 o'clock, A. M.

Medical: To take one or more five grain pills of ext. hyoscyam. and camphor at bed time, occasionally two pil. cath. co.; injection of tinct. iodine and glycerine (one to five) was used twice a week for three or four weeks, gradually length-

ening the interval; in three months Mr. P—— was cured.

Case IV. Capt. R——, U. S. A., æt. 25, single; nervous temperament. Habits regular and temperate, seldom used tobacco or stimulants, had always enjoyed good health. First had involuntary seminal emissions shortly after recovering from a recto-ischiatic abscess resulting in fistula, which was cured by an operation; abscess was result of an injury received while riding a refractory horse. Seminal emissions recurred twice and often thrice weekly; causing debility, great nervous excitement, irritability, and want of continuity of thought, a peculiar pulsating sensation in the top of the head, which was very distressing; restlessness both night and day. Appetite poor, bowels constipated, frequent call to urinate, glairy discharge after urinating and upon pressure in the perineum, heavy dull aching pain in lower pelvis; testes and spermatic cord normal.

Treatment—*Dietetic:* To take nourishing, easily digested, and unstimulating food; not to use tea, coffee, tobacco, or spirituous liquors.

Hygienic: To sleep in a well ventilated room, upon a hard bed, with light bed-covering, to lie on his side; to rise every morning before five o'clock and empty his bladder; bowels to be kept soluble by cold water injections night and morning; to take sitz-bath of tepid water three times a week; to exercise in the open air as much as possible; to avoid all excitement.

Medical: Was ordered to take ten grains of potassæ bromidi and three grains of potassæ iodidi in water three times a day, after meals, to gradually diminish the dose as the symptoms improved; to take two or three six-grain pills of lupuline at bedtime when he felt nervous. Injection of tinct. iodine and glycerine (one part to five) once a week for four weeks, and then at longer intervals. At the end of five months the patient reports himself entirely well; has gained many pounds in weight.

Case V. Mr. F——, sailor, (mate of a coasting vessel) æt. 22 years; single; nervo-sanguine temperament. Habits temperate, but a great smoker; freely addicted to excessive venery; had always enjoyed robust health. First had involuntary seminal emissions one year before consulting me, had been getting rapidly worse the past six months; emissions recurred nearly every night, often in the morning after having had carnal intercourse the night before; glairy discharge after urinating; micturition frequent; testicles painful, somewhat atrophied, and left one firmly drawn up against the pubic bones; tenderness of spermatic cord. The patient was very nervous, much dejected in spirits at times; pain in the head, pain and heat about the eyes; deep-seated pain in pelvic and lumbar regions; bowels constipated; appetite sometimes good, but generally poor; sleep disturbed by fearful dreams, occasionally of a voluptuous nature.

Treatment—*Dietetic:* To take his meals regularly, eating a light supper; food to be nourishing, unstimulating, and easily digested; not to use coffee, stimulating liquors, or tobacco.

Hygienic: As he lived most of the time on the water and had abundant exercise, sleeping on a hard bed with a blanket for covering, nothing was ordered on this score. He was directed to avoid woman's society, to eschew all venereal pleasures, to take a salt water bath (cold) three times a week.

Medical: Was ordered two or more pil. cath. co., or a small dose of Epsom salts and cream of tartar, equal parts, to be taken as occasion required to keep the bowels open; to take fifteen grains of potass. bromidi and three grains of potass. iodidi dissolved in water, three times a day, after meals. I did not use any injection in this case, for the reason that the patient could not report regularly. Three months from the commencement of the above treatment, Mr. T. reported that he was well, and was then on his way to the Big Bend mines, to dig for gold.

Case VI. Mr. S——, house carpenter, æt. 36 years; single; bilious temperament. Habits temperate, but a great smoker; always enjoyed good health; a hard-working man for several years, greatly given to venereal pleasures. Had been troubled with involuntary seminal emissions for two years, recurring once a week; profuse glairy discharge after urinating; micturition frequent; in carnal intercourse, semen would be ejected at the moment of entrance of organ. General health good; bowels regular; sleep natural, but not sound; dreams when he has an emission; testicles slightly tender; scrotum long and relaxed; prepuce very long.

Treatment—*Dietetic:* To take his meals regularly, eat good nourishing but bland food; to use no tea, coffee, or stimulants; to stop smoking.

Hygienic: To avoid all venereal excitement, to sleep upon a hard bed with light bed-covering in a cool room; to take a cold sponge-bath every morning.

Medical: Was ordered to take three times a day twelve grains of potassæ bromidi and five grains of potassæ iodidi, with two grains of ext. hyoscyamus dissolved in water. Could not use injections, as the patient lived at too great a dis-

tance (sixty miles) to report regularly. Mr. S. has now been under treatment about three months; he reports that he has not had a seminal emission (involuntary) for six weeks, and that the glairy fluid formerly discharged in large quantities, diminishes daily; also that he sleeps better, more soundly and naturally than before beginning treatment.

The instrument that I at first used to make the injections with was an ordinary silver catheter with a piston. This did not work very well, and I soon used a hard rubber syringe, with a long catheter of the same material firmly fixed to the syringe. On withdrawing the piston slowly while the end of the catheter is in the iodine mixture, you draw up about half a fluid drachm, then introduce the instrument (well oiled) as far as the membranous portion of the urethra, gently force the piston down, which of course forces out the fluid; then withdraw the instrument carefully and close the meatus with the thumb and finger for a few minutes, when you may allow the injected fluid to escape upon a piece of old rag, with which the penis should be surrounded for some time, to avoid soiling and staining the patient's under or bed clothing. The patient should be in a reclining position, and should empty his bladder just before the injection is made, and then should avoid urinating till the early hour in the morning, when he rises to urinate. Should there be a great deal of tenderness or irritability of the urethra, or should the introduction of an instrument cause much pain—as is often the case—it is a good plan to have the patient use injections of cold water, or weak solutions of plumbi acet. several times a day, before you begin with the medicated injections.

Cape Disappointment, Washington Ter.

Erie Co. (Pa.) Medical Society.

At the late meeting of the Erie County Medical Society, Drs. Wallace and Bennett were appointed to represent the Medical Society of that county at the next meeting of the American Medical Association, to be held in Cincinnati in May; and Drs. Stewart, Perkins, Whilldin and Dandall were appointed to represent the Society at the State Medical Society, to be held at Pittsburgh in June next.

— Cause of Cholera.—Dr. Klob has, with the use of a microscope of from eight hundred to a thousand magnifying power, discovered in the rice-water evacuations millions of microscopic fungi, which in appearance differ little from the ordinary European forms; and that they form the basis of the frightful malady, and that cholera is easily propagated by their means, can scarcely any longer be doubted.

Hospital Reports.

Jefferson Medical College,
April 10th, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Chronic Dislocation of Elbow.

L. M., æt. 13. This patient comes from Delaware, and presents himself on account of an injury to the right elbow-joint, received in the latter part of the month of November last. A glance shows the nature of the accident, the case telling its own tale. There is great impairment in the motion of the forearm. He cannot carry his hand to his forehead or mouth. Flexion is greatly at fault, as are also the functions of extension, pronation, and supination. There is an unusual prominence which hangs off, as it were, from the posterior part of the elbow-joint in a very unseemly way. On contrasting the two elbows, this is very observable. Another notable feature is the marked cord-like projection formed by the inferior portion of the three-headed extensor muscle, which naturally lies nearly flat on the posterior surface of the humerus. There is also a conspicuous prominence of the external condyle, and the distance between it and the styloid process of the ulnar is three-fourths of an inch less than the corresponding measurement on the other side.

He fell in attempting to grasp the bough of a tree beyond his reach, and thus produced dislocation of the ulna backward against the posterior surface of the humerus. The case presents all of the characteristics of such an injury. More than four months have elapsed since the occurrence of the accident. A displacement of this kind may always be rectified without any difficulty immediately after its occurrence or within a short period. After the expiration of a fortnight or three weeks, the operation is already attended with extreme difficulty, and frequently the surgeon is utterly foiled, no matter what skill he may bring to bear upon his attempts at reduction. When a number of months have elapsed the case may be given up as entirely hopeless. This boy might be placed under the influence of chloroform and muscular resistance thus withdrawn, and extension and counter-extension, pressure and manipulation instituted, yet all efforts to effect a reduction would be vain. It is impossible to say why the reduction of this dislocation, so easily effected when the injury is recent, should become so difficult and impracticable within a short time, but it is true to a remarkable degree above that which is observed in dislocations of any of the other joints.

It cannot be supposed to be owing to muscular resistance, for that can be easily overcome. In some cases, perhaps, the ligaments may be torn or changes may take place in the articulating surfaces. Whatever the true cause may be, the fact is well known. Hence the importance of a correct diagnosis immediately after the injury—on the very first visit. If there should be any

obscurity on account of the amount of inflammatory swelling, the tumefaction should be reduced by means of leeches and other antiphlogistic remedies, so that within a few days a thorough and conclusive examination can be made.

In the attempt at the reduction of a chronic dislocation of this kind, sometimes the olecranon process is broken off—a very fortunate circumstance. When such is the case the functions of the joint are much improved, even if a restoration cannot be effected.

The proper method of reducing such a dislocation immediately after its occurrence is to give the patient chloroform, place him upon a chair and put the knee in the bend of the arm, and then, taking hold of the arm with one hand and grasping the wrist with the other, make the necessary extension and counter-extension. No reduction is more simple than that of this displacement in its earlier stages. And none more difficult after some time has elapsed.

This case is interesting in reference to diagnosis, to practice, and to a suit for malpractice.

Tumor on the Eyebrow.

Walter W., æt. 15. He has a little tumor at the outer extremity of the eyebrow on the right side, situated apparently immediately beneath the skin, which has somewhat of a discolored purplish aspect. The tumor is perfectly movable, and imparts to the tip of the finger, when applied to it, a sort of semi-elastic sensation. He says there is some uneasiness in it, especially when roughly handled. Four months have elapsed since it was first noticed.

The tumor was removed by making an incision in the direction of the line of the eyebrow, so as to avoid a scar. The wound was closed by one twisted and one interrupted suture.

On cutting open the tumor, it was found not to be sebaceous in character. It will be subjected to microscopic examination to determine its true nature.

The boy was directed to be careful not to take cold, to live upon a light diet, and to take a saline cathartic the next day.

Sebaceous Tumor on the Eyebrow.

John S., æt. 22 months. This child has a tumor upon the eyebrow at the same point as that from which the tumor was removed from the last patient. There is no discoloration of the skin and no pain. The child was born with it. It has grown rapidly during the last few months. This is a sebaceous tumor. Such a tumor is occasionally congenital, and is then very liable to occur about the eyebrow, sometimes on the eyelids. Under such circumstances it is apt to contain hair. How the hair gets there has not been determined, doubtless by a species of intussusception, as it is not likely the hair follicles are developed upon the cyst.

The child was wrapped in a sheet, its head held firmly between the two knees, and the tumor carefully removed, the incision being made in the same direction as in the case just operated upon, with the view to avoid a scar. The edges of the wound were brought in apposition by means of one twisted and one interrupted suture.

The tumor will be examined under the microscope, in order to determine the presence or absence of hair.

Nevus Materni.

John B., æt. 4 months. The child was born with this tumor, situated directly over the centre of the upper portion of the frontal bone, forming a considerable projection of a reddish or purplish character. It was a mere spot when first noticed, not at all raised from the surface. It feels soft, is very readily indented, and becomes tense when the child cries.

This is a nevus materni, a congenital affection, composed essentially of blood-vessels connected together by cellular tissue, and liable to occur upon various parts of the body. There are several classes of these tumors. In one the substance consists of the arteries of the part in a state of great enlargement. When this is the case the tumor pulsates synchronously with the left ventricle of the heart, and constitutes aneurism by anastomosis, so admirably described by John Bell, of Edinburgh. When a tumor of that kind is allowed to proceed unmolested it is liable to great enlargement and ultimately to ulceration, exposing the patient to the danger of bleeding to death, either suddenly or by repeated hæmorrhages.

Another form is that in which the vessels consist chiefly of veins in a state of hypertrophy. The tumor under such circumstances is usually of a purplish complexion, not as red or scarlet as it is when composed essentially of arteries.

Yet another form is mixed in character, consisting of enlarged veins and arteries, without any particular preponderance of one over the other.

The easiest and simplest mode of treating this tumor is to pass two needles through its base at right angles, and then constrict the morbid structure by means of a ligature. If excision were attempted there would be serious hæmorrhage, requiring the ligation of a number of vessels, and there might be secondary hæmorrhage. If such an operation should be undertaken, the surgeon should cut around the tumor, not into it. The safest plan is to strangulate the substance of the tumor; when the tissues mortify, a slough takes place, and the wound heals by the granulating process, leaving comparatively a small scar. The tumor here is situated near the anterior fontanelle, but there is little danger of the resulting inflammation extending to the membranes of the brain.

The child was placed under the influence of chloroform, two pins passed through the base of the tumor at right angles, and its substance strangulated by a stout well-waxed ligature drawn firmly, diminishing it very much in diameter. The child may have a little pain when it wakes up, which will be relieved by three drops of laudanum. No application need be made to the tumor. Prof. Gross never knew any serious inflammation to arise from such an operation.

Irritability of the Bladder.

Wesley C., æt. 14. He has suffered for two years with irritability of the bladder. He passes urine every few hours during the day and night; urination is painful; the stream of water is fre-

quently interrupted; on Christmas, he passed blood; he feels sick at his stomach sometimes, and is weaker than he used to be. He presents many of the natural signs of stone in the bladder. He has rather a long prepuce, and grasps the parts frequently in order to relieve himself.

A sound was oiled, warmed, and passed into the bladder. No stone could be detected; the coats of the bladder appeared to be fasciculated, columniform, as if the muscular coat was very much thickened. As his bladder was empty, the sounding will be repeated at a future time, when care will be taken that it shall not contain less than two and a half or three ounces of water.

Enlarged Tonsils.

Robert S., æt. 17. He has enlarged tonsils. This patient and the one with the sebaceous tumor present examples of tumors of a hypertrophic character, existing on natural organs in a state of enlargement from repeated attacks of inflammation, and followed by interstitial deposits which have become organized. He is obliged to clear his throat often, the chronic inflammation of the parts being attended with an abnormal secretion of mucus. An enlargement of this kind creates more or less of a mechanical obstacle to respiration. He snores at night. Whenever there is a considerable enlargement of these organs, the patient always sleeps with the mouth wide open and with the head retracted so as to bring the mouth on a line with the larynx to facilitate the introduction of air. If the patient is very young there is a liability to deformity of the chest, which becomes contracted at the sides, flattened in front, and arched behind, in consequence of the action of the respiratory muscles on the ribs.

In the earlier stages of this affection attempts may be made at resolution by general and local treatment, subjecting the patient to mild laxatives, correcting the secretions, and giving him tonics if he be anemic, as so frequently happens under such circumstances. Sometimes it is necessary to make use of remedies for the purpose of depressing the system slightly, but usually tonics are indicated. As a local application, the nitrate of silver, either in solution or better in substance, may be employed once every three or four days, making use of the antiphlogistic touch. In addition to this, the finger may be applied once or twice in the twenty-four hours upon the enlarged organs with the view of exciting absorption of the effused fluids by the pressure thus exerted. Leeches may be applied to the angle of the jaw and stimulating unguents to the neck.

The instruments used for the incision of the tonsils are a volsella and a curved probe-pointed bistoury, with the former of which the gland is seized, and with the latter all that portion which lies exterior to the arches of the palate is cut off, the knife being carried with the back toward the tongue from below upward. The operation is a simple one when the patient coöperates, but most embarrassing when the reverse is the case. When the patient is a child, it is often necessary to wrap the extremities up in a sheet or apron, and sometimes in addition to give a little chloroform to induce partial insensibility.

Both tonsils were removed very readily, and the resulting hæmorrhage was slight. Generally speaking, the loss of blood after this operation is trifling, but it is sometimes very considerable, and Prof. Gross has met with three or four cases in which life was apparently put in jeopardy. When there is hæmorrhage, the patient's mouth should be kept wide open so as to allow a free access of cold air, and he should use a gargle of vinegar and water. If these remedies do not answer, apply Monsel's solution or touch the part with nitrate of silver, sulphate of copper, tannin, or alum. The one great point is to keep the mouth wide open to permit of the free entrance of cold air. The application of ice to the angle of the jaw frequently serves a good purpose, as does also the administration of a full anodyne to tranquilize the heart's action.

The patient was directed to be careful not to take cold, and to live upon slops for five or six days. Several cases are on record in which the operation has been followed by death, owing to the imprudence of the patient.

In former times the tonsils were removed by a double canula and a wire. That practice prevailed in the early part of the present century, indeed until twenty-five years ago. The instrument was tightened and allowed to remain in the patient's mouth until the gland sloughed off.

Injury to Shoulder-joint.

Thos. K., æt. 50. He fell on the ice on the 28th of December last and injured his left shoulder. It was pronounced to be dislocated, and the last attempt at reduction was made by his physician on the 30th of January, by means of pulleys. He has œdema of the fingers and hands.

In this case there may have been dislocation, but there is apparently none now. If there were, the acromion process would project, there would be great flattening of the deltoid muscle, and the head of the bone would be perceptible in the axilla or somewhere else. The arm stands off at some distance from the side of the chest, but that is probably owing to the fact, that when it is in this position it is more comfortable than when the patient makes an attempt to approximate it to the side of the chest.

Passive motion should be instituted every twenty-four hours, to restore the functions of the articulation. First the hot and then the cold douche should be applied to the shoulder, followed by a stimulating liniment, and the arm should be supported by a bandage and carried in a sling.

Ozone, as a Disinfectant.

Get a wide-necked bottle, and put in half a pint of water, with a cork floating at the top; on this cork fix a bit of phosphorus; cover the bottle with another bit of cork very loosely. This apparatus may be moved from room to room, remaining till the characteristic smell of ozone is perceived.

Medical Societies.

MEDICAL JOURNAL ASSOCIATION, N. Y.

Session of March 22d, 1867.

Reported by E. H. M. Sell, M. D.

The regular reunion was addressed by Dr. A. Ruppaner, of New York, on the use of the

Laryngoscope in Laryngeal Diseases.

After referring to the comparatively recent introduction of the laryngoscope as a means of diagnosis in laryngeal disease, whereby the treatment of diseases of the throat and windpipe has been placed upon an entirely new basis—the solid basis of an exact diagnosis—and after paying a deserved tribute to the labors of Mr. Garcia, of London, Prof. Ludwig Turck, of Vienna, and Prof. Czermack, of Pesth—the first mentioned as the discoverer of auto-laryngoscopy, the two latter as the co-laborers and real promoters of laryngoscopy and rhinoscopy, Dr. Ruppaner, proceeded,

First: To exhibit the various apparatuses now most in use for introducing light into the throat.

Secondly: He presented for inspection to the medical gentlemen present, carefully prepared dissections of the entire larynx in situ, with the tongue, etc., attached. Also, preparations to demonstrate the attachment of the base of the epiglottis; the false and true vocal cords; the attachment of the arytenoid cartilages to the posterior border of the cricoid cartilage; vertical sections of the larynx and trachea, etc., all of which were prepared personally in Vienna during the time Dr. Ruppaner enjoyed the private instructions of Prof. Turck, in this particular department.

Thirdly: Dr. Ruppaner presented also a series of 25 plaster casts, prepared by Dr. Tobald, of Berlin, for Dr. Ruppaner, illustrating some of the principal diseases of the various structures of the larynx, such as acute and chronic catarrhal laryngitis, serous infiltration, abscess at the base of the epiglottis, hypertrophy of the left false vocal cord, inflammation of both false vocal cords, do. of the true vocal cords; also, of the arytenoid cartilages, diphtheritic larynx, tuberculosis of the larynx, paralysis of the left, do. of the right, do. of both the vocal cords, extensive syphilitic disease of the larynx, cauliflower excrescence at the anterior angle of the glottis, polypus at the right ventricle of Morgagnius, polypus at the centre of the left vocal cord, including several other beautiful preparations.

The speaker next stated, that amongst the most interesting results of the use of the laryngoscope, has been the clear light which it has thrown upon the causes of hoarseness and aphonia. As frequent causes in different degrees of these complaints are enumerated, swelling of the so-called false cords to a sufficient extent to fill the ventricle of the larynx, thickening and swelling of the inter-arytenoid fold of mucous membrane, tubercular elevation of the larynx, hysterical or nervous aphonia, and clergyman's sore-throat.

But as the greatest triumph of treatment by the laryngoscope, was mentioned the removal of tumors, polypi, and warty growths from the interior of the larynx. This feat has been accomplished in numerous cases, by Prof. Turck, of Vienna, Dr. Bruns, of Tubingen, Drs. Mackenzie and Gibb, of London, Dr. Walker, of Peterborough, England, Drs. Tobold and Lewin, of Berlin, as well as in the city of New York. Dr. R., expressed therefore, great surprise at an editorial which appeared of late in one of the Eastern medical journals, which was evidently intended as an editorial puff for a professional friend, in which a case of successful removal of a small growth from one of the vocal cords was heralded as a most remarkable surgical operation of the day; as if those who are familiar with the progress of surgical science, and the vast practical good that has been accomplished by the introduction of laryngoscopy in operative proceedings of diseases of the throat and windpipe, are ignorant that such operations have been done repeatedly before, and that successfully. Not only is there no history given of the case by the physician in question, but not the least mention is made of any co-laborers who may have been as successful as the undoubtedly worthy and able person whose praise was sung in an entire page.

The session closed by several practical demonstrations of the examination of the larynx on some of the gentlemen present.

ALUMNI ASSOCIATION OF BELLEVUE HOSPITAL MEDICAL COLLEGE.

This Association held its first regular meeting at the College, Feb. 28th, 1867. The graduates of the College, now numbering over 600, actuated by a desire to continue their connection with each other, and with their alma mater, to advance their common interests, and to give increased stimulus to medical scholarship, acting through their representatives present at this meeting, formed this Association with its constitution and by-laws.

Any of the alumni may become members of this Association, by presenting satisfactory evidence of their good professional standing, signing the constitution, and paying their annual dues of one dollar, in advance. The Faculty and Trustees of the College are made honorary members. The regular annual meetings of the Association are held the day before the College commencement, for the transaction of business, for the reading of prize essays, and for social intercourse and enjoyment.

At this meeting the Association revised and amended the constitution, and attended to the election of officers, who are in future, with the exception of the Recording Secretary, to be elected annually. The following officers were elected: for President, Dr. W. T. Lusk; Vice-President, Dr. J. W. Southack; Recording Secretary, Dr. E. S. Belden; Corresponding Secretary, Dr. L. M. Yale; Treasurer, Dr. H. Raphael; for Executive Committee, Drs. L. B. Irish, J. Ferguson, Griffin, H. Rockwell, J. B. Dove, W. H. Van

Wyck, C. O. Leal, W. C. Osteloh, F. A. Castle, W. A. James, B. S. Thompson, J. Cushman, P. R. Cortelyou, C. F. Roberts, and R. A. Vance.

Prof. James R. Wood, then offered to the Association a prize of one hundred dollars for the best essay on any subject connected with Surgical Pathology, or Operative Surgery, to be awarded at the annual meeting in 1869, at which time the said essay is to be read. The committee to examine the essays and award the prize, is to consist of Prof's. W. H. Van Buren, Austin Flint, Sr. and Stephen Smith.

MONTGOMERY CO., PA.

Extract from the proceedings of the Medical Society of Montgomery Co., Pa.

The regular quarterly meeting of this Society was held in Norristown, Pa., April 13th, 1867, at which time the resolution of Dr. Mowry, offered at the last meeting of the State Society was discussed, and the following action taken thereon:

Whereas, in 1859 the Philadelphia County Medical Society passed resolutions forbidding its members to consult with Professors and graduates of Female Medical Schools or Colleges; which action was approved by the State Society of that year, and other County Societies throughout the State were desired to conform to the recommendations of the Philadelphia County Medical Society; and,

Whereas, at its annual meeting in 1860, the State Medical Society

Resolved, That it is the sense of this Society that members of the medical profession cannot consistently with sound medical ethics consult or hold professional intercourse with professors or graduates of Female Medical Colleges, *as at present constituted*, inasmuch as some of the professors are irregular practitioners, and all their colleges are ineligible to membership with the American Medical Association; and,

Whereas, at the meeting of the State Society, held at Wilkesbarre in June, 1866, after an ineffectual attempt to rescind the above resolution, Dr. Mowry offered the following:

"*Resolved*, That the resolution of 1860 is not intended to prevent the members of this Society from consulting with regularly educated female physicians, who observe the code of ethics."

Which resolution, after much discussion, was referred to the County Medical Societies, with instructions to report thereon at the next meeting of the State Society; therefore,

Resolved, That in view of the facts, that the only Female Medical College in this State is properly organized, with an intelligent and efficient corps of professors, in possession of good college buildings, and all the appliances necessary for communicating instruction and illustrating the branches of medical science; that the teachers compare favorably in point of professional intelligence and deportment with professors of male colleges; that the students and graduates are as irreproachable in habits and character, as zealous in the pursuit of knowledge, as capable of comprehending the truths of science, and as conscientious in the application of their knowledge to the amelioration of the physical ills of our race, as male students and graduates; that females are as well fitted for the profession as males; we hold it to be illiberal and unworthy the high character of our profession, to withhold from them the courtesies awarded to male physicians.

Resolved, That while we deeply regret that the members of the Philadelphia County Medical Society deemed it necessary to pause in their investigations of medical science, to erect barriers against the claims of woman to share with us the honor of a noble profession, in the name of a common nature and a common destiny, we invite her with her quick perceptions, her varied talents, her deep sympathies, her patience, her fortitude, and devotion to every good work, to join us in our strife with disease and death.

Resolved, That our delegates to the Medical Society be instructed to vote for the resolution of Dr. Mowry, and to use all honorable exertions to place respectable female graduates and the professors of female medical colleges, on an equality with male graduates and professors of male medical colleges.

Resolved, That the State Medical Society should insist that all medical colleges in the State should admit to their halls every properly educated person, of good moral character, without regard to sex, ethnical peculiarities, or nationality.

Resolved, That the Recording Secretary of this Society furnish a copy of these resolutions to the Editor of the Medical and Surgical Reporter for publication.

E. M. Corson, M.D.,
Recording Secretary.

Occupation Necessary for the Insane.

Dr. Howden, Medical Superintendent of the Royal Lunatic Asylum of Montrose, in his report of this year, gives a notable illustration of the beneficial effects of physical labor in the treatment of the patients. It is especially in those dangerous chronic cases characterized by impulsive violence, so familiar to all conversant with the insane, that the good results are evident. Such patients will suddenly, without pretext or warning, make a violent attack upon any one near. At first sight it might seem imprudent to entrust such persons with tools which could be easily used as damaging weapons; but in Dr. Howden's experience there is no such danger. On the contrary, these patients generally turn out to be among the steadiest and best workers. The paroxysms of violence never occur when they are at work, but only when they are idle, as on Sundays, wet days, and such occasions when they are confined to the house in a state of inaction. The one day's rest in seven would seem from this, to be a doubtful blessing to the insane.—*London Lancet.*

Editorial Department.

Periscope.

NOTES ON THE PROGRESS OF ACUPRESSURE.

[We have received from the distinguished author, Sir J. Y. Simpson, Bart., M.D., etc., a paper on the progress of acupressure, which we are requested to lay before our readers. The paper was published in the *London Lancet* in February. Dr. Simpson deserves much credit for his efforts to bring this method of treatment to the notice of the profession. We doubt whether it has received the attention from the profession in this country that it deserves.—Editor Med. and Surg. Reporter.]

After Ambrose Paré—three hundred years ago—proposed to surgeons that they should "bid eternally adieu to all hot irons and cauteries" in arresting the hæmorrhage attendant upon amputations and surgical wounds, and use in their stead threads to the cut arteries, to stem the flow of blood, his suggestion met with little or no support during his own age or for many long years subsequently. During the sixteenth and seventeenth centuries, surgeons still persevered in arresting the flow of blood after amputation and other wounds, by charring over their raw and bleeding surfaces with red-hot irons, or by applying strong potential caustics. It is difficult for the mind to realize the ruthless agonies of the surgical sufferers of those times, under the dreadful double ordeal of cutting and burning—of knife and fire. "The horrors of the patient," exclaims John Bell, "and his ungovernable cries, the hurry of the operator and assistants, the sparkling of the irons, and the hissing of the blood against them, must have made terrible scenes; and surgery must, in those days, have been a horrid trade."* Dionis, writing a century and a-half after the time of Paré, tells us that in the Hôtel Dieu of Paris,—in the chief hospital of the very city in which Paré himself had lived and practised,—caustics were still in general use for the arrestment of hæmorrhage after amputations. And in the middle of last century Mr. Sharp, of London, states, in his *Critical Inquiry into the Present State of Surgery in England*, that some English operators still employed the ligature sparingly, from their "horrid apprehension of compressing the nerves." Speaking of the slow progress of the introduction of the ligature of arteries into England, the same author observes that—after being known to surgeons some hundred and fifty or two hundred years—it only "by degrees *crept* into practice" in this country.

Knowing these painful, strange, and startling phenomena in the History of Surgery, in reference to the deligation of arteries, I had little or no hope, when—some seven years ago—I ventured to suggest the substitution of the pin or needle for the ligature, that I should live to witness the introduction of acupressure into general surgical practice anywhere,—though it seemed to my mind certain that if it was honestly adopted and carefully applied, it would be found greatly superior in many respects to deligation. I feel, therefore, some degree of pride in being allowed to forward to the columns of the *Lancet* the following extract from a letter which I received a few days ago from Dr. Keith, the well-known surgeon and celebrated lithotomist of Aberdeen—showing, with other facts, that acupressure had entered a new era, seeing it is now *established* as the rule of practice in one of our three Scottish Medical Schools. Before citing the letter, allow me to observe that the accomplished Professor of Surgery in the University of Aberdeen, Professor Pirrie, and Dr. Keith, have lately published a most excellent and masterly practical inquiry into the whole subject of acupressure, with careful and candid details of all their most important cases.* The operations referred to in the following incidental letter from Dr. Keith, have occurred since the book was printed.

. . . "Acupressure," writes Dr. Keith, "here is *triumphant*—nothing else being dreamt of—and, I may say, in daily use. Within the last fourteen days I have employed it in the following operations:—In an amputation of the forearm acupressure by first mode at the elbow commanded the humeral before bifurcation; and the wound healed by first intention. I removed a large recurrent fibroid tumor for the third time in ten years. Deep dissection brought me in contact with the external carotid artery. And what of that? It was looped by the sixth mode in three seconds; and the case has gone on to a wish, the wound filling up with healthy granulations, as all the integument, being adherent and discolored, was intentionally removed; the mass was like one's fist. On Wednesday last I amputated a thigh. Three vessels by your fourth mode, and three by the sixth mode were secured. On Monday of this week I amputated two thighs. In one four vessels required acupressure; in the other, six. The fourth and sixth modes† were used in about equal proportions. The speed with which the vessels were closed in each case hindered the

* See his *Principles of Surgery*, vol. i. p. 151.

* *Acupressure, an Excellent Method of Arresting Surgical Hæmorrhage, and of Accelerating the Healing of Wounds.* London, Churchill and Sons, 1867.

† These numerical references apply to excellent descriptions and plates of the different methods of performing acupressure given in the treatise of Drs. Pirrie and Keith. In their practice they do not notice one method which I have often employed to close minor vessels, and which I have seen my friend Dr. Heron Watson, Surgeon to the Edinburgh Royal Infirmary and to Chalmer's Hospital, use. It consists in transfixing with a pin or needle one or two lines of the soft tissue by the side of the bleeding artery, the pin being laid almost flat in doing so, and with its head toward the bottom of the wound. The head of the pin is then raised up till it is at right angles to the surface of the wound, and then further turned over till the head comes to the outer edge of the wound, and its point is turned to the bottom of the wound. It is easily fixed in this new position by being thrust forward a few lines into the tissues beyond. In its movement the head of the pin is thus turned round half a circle, and in doing so closes the bleeding orifice, and overlaps it with a small quantity of neighboring tissue. A quarter of a circle turn is sometimes quite sufficient. This kind of "over-twist" is one of the simplest and most expeditious modes of acupressure for smaller vessels. But further practice may point out many other modes of simplifying the application of the needle.

loss of blood so entirely, that the sand-box only showed a spot of blood* in its centre. . . .

"Yours very faithfully,

"William Keith.

"*Aberdeen, 15th February*, 1867."

Dr. Keith's letter attests the small quantity of blood that is lost when acupressure is properly used. All experience proves that it is, at least, as safe and good a *primary* hæmostatic agent as deligation. But it has been objected that it might lead to *secondary* hæmorrhage when the needles were withdrawn. On this point Dr. Keith, in the treatise referred to (p. 188), observes, in relation to his cases, about forty in number:—"All have been alike successful. . . . In not one instance have I had hæmorrhage at or after the operation; the removal of the pin or needle or wire loop has never in any one case occasioned hæmorrhage. A drop or two of blood may have come—in one or two instances—from an abraded granulation, but that is all I have ever seen. The period, on the average, which I think sufficient for the acupressure to continue is forty-eight hours, though I feel certain a shorter period would suffice."†

"The confidence of the Aberdeen surgeons," adds Dr. Keith, "is now so firmly established in acupressure, that its use is the rule by the hospital staff," (p. 189). Three of the operative surgeons to the Aberdeen Hospital—Drs. Pirrie, Keith, and Fiddes—all now employ the needle in preference to the ligature in every wound where union seems at all attainable. I had the pleasure of meeting some time ago, at a consultation in Aberdeen, my friend Dr. Kerr, the fourth or remaining surgeon, and he ingenuously and frankly told me that—though he had no objections to acupressure—he was too old to adopt such a revolution in practice. He added that, though he did not use acupressure, it had, shortly before my visit, been the means of saving a patient of his in secondary hæmorrhage after amputation. The amputation was one of the thigh, and hæmorrhage had supervened some too weeks or more after the operation, and after the ligatures were separated. It was a case, he thought, where, to stem the hæmorrhage, it would have been necessary to cut down and tie the femoral artery nearer the groin than the site of the amputation. But Dr. Fiddes, who saw the patient before Dr. Kerr arrived, stayed altogether the bleeding by using a mode of acupressure to the femoral artery; and there was no return of the hæmorrhage.

The great pathological and practical advantages which acupressure possesses over deligation have always appeared to me to be simple and decided. When an artery is closed by a needle, or by any other form of temporary metallic compression, the walls of the arterial tube are placed, and held together in apposition, by a material which does not tear their coats or irritate, like thread or silk, and that can be withdrawn in a day or two, at the will of the operator,—leaving subsequently no extraneous body whatever in the wound to prevent its speedy and complete healing. On the contrary, when deligation is employed—(1.) The two middle coats of the artery are systematically lacerated; and (2.) Its external coat is strangulated. (3.) This strangulation leads on inevitably to ulceration or molecular destruction of the external coat at the constricted part, and causes mortification of the artery at the tied point, and usually also below it,—just as the strangulating thread kills and removes a hæmorrhoid, a polypus, or a wart. (4.) The small mortified point of the vessel becomes a dead and foreign body, and hence requires to be eliminated and thrown out of the living system by ulceration and suppuration,—so that there are as many dead sloughs, however minute, in each wound, and as many consequent points of ulceration and suppuration are set up—as there are arteries ligatured in the wound. (5.) Besides, the ligature-threads, if of silk or hemp, rapidly imbibe animal fluids, which speedily decompose them; and then, the ligatures, like so many single-thread setons,* irritate the contiguous tissues; and at last they only become—more or less slowly—set free by ulcerating entirely through the strangulated portions of the tied vessels. (6.) Hence arises the difficulty, or indeed the impossibility, of wounds containing a series of ligatured arteries ever uniting completely by the first intention; for such wounds are in the same condition as if diminutive morsels of dead flesh had been methodically and intentionally affixed with threads to their sides and walls. But other dangers follow. (7.) No surgeon would deliberately leave a patient after the shock of amputation in the neighborhood of a foul sewer, or where decomposing animal effluvia could be inhaled. But a wound containing a series of dead, decomposing, putrefying sloughs—however minute these foul sloughs are individually—places the patient in perilous

* When the hæmorrhage attendant upon amputation was attempted to be arrested by the repeated application of cauteries, the amount of blood lost seems sometimes to have been very great, before the vessels and wounded surfaces were sufficiently grilled and hardened by the red-hot irons. Hence Paré, in describing one of the first cases of amputation in which he employed the ligature, boasts, "I protest to God (which the company that were there can witness) that in all the operation, which was sodainely done, there was not spilt *one porrenger* of blood." See his *Works*, p. 113.

† In the treatise of Drs. Pirrie and Keith, in addition to Dr. Keith's 40 cases, 10 capital operations with acupressure are reported (p. 135) from the practice of Dr. Fiddes of the Aberdeen Hospital. Dr. Fiddes writes me that in none of these cases was there any secondary hæmorrhage. Dr. Pirrie has used acupressure in 32 of the major operations of surgery, and in many minor ones. In only one case did he meet with secondary, or rather with intermediary hæmorrhage. It was a case in which the leg was removed in its upper third for medullary cancer. There was not a drop of oozing after the operation. Early—or twenty-four hours afterwards—Dr. Pirrie "relieved the anterior tibial artery from acupressure, and it instantly bled as energetically as if it had been that moment cut across." The femoral artery was immediately compressed, the wound reopened, and the artery again acupressed. "The blood lost did not exceed a dessert-spoonful, and the whole proceedings did not occupy above four minutes." "This," adds Dr. Pirrie, "is the only instance in which I had ever seen any hæmorrhage from an artery on its being freed from acupressure, and I attributed its occurrence in this case to the extreme exhaustion of the patient being unfavorable for adhesion. The whole of the pins were removed in other forty-eight hours, without their removal being followed by a single drop of blood." (P. 112).

* I have seen my friend Mr. Walker, the excellent Ophthalmic Surgeon to the Infirmary of Edinburgh, employ with great success setons of *single* threads in the temple, where they soon excite abundance of irritation and suppuration.

hygienic conditions; for morbific septic poisons can be imbibed by the open and absorbing surfaces of wounds, as well as inhaled by the lungs. "A poison," sagaciously remarked the late Mr. Travers, "admitted by a wound or raw surface, and a poison admitted by the lungs, are equally excitants of a specific constitutional irritation."*

Professor Pirrie, in a series of most important observations and cases, maintains (p. 137) that acupressure "is not only the *easiest* of application, but the *quickest* method yet devised for arresting bleeding;" and a pupil of Dr. Pirrie's —Dr. Will—last week informed me that the rapidity with which Dr. Pirrie secures the open vessels after amputation, etc., by acupressure is "something wonderful,"—the movements of his fingers not being easily followed by the eyes of the attendants.

In advocating the practice of acupressure, I have always claimed for it two advantages,† viz.

First, That it would yet be found the quickest and easiest mode of arresting surgical hæmorrhage; and

Secondly, That its use, combined with the total absence of all surgical dressings,‡ would *accelerate* the healing of wounds.

On the first of these points the evidence of Drs. Pirrie, Keith, and others, may now be looked upon as comparatively complete. But what of the other question—

Does it accelerate the Healing of Wounds?

In his—the largest—portion of the conjoint treatise on Acupressure by himself and Dr. Keith, Professor Pirrie has described all the special cases in which he used acupressure in capital operations, with the most conscientious and scrupulous exactitude; and I will try here to summarise the results obtained. To understand these Results,—which are far more important than the mere facility and rapidity of the process,—let me first adduce the opinion which Dr. Pirrie holds as to what constitutes union by the first intention or by primary adhesion. In reference to this point Dr. Pirrie states: "The use of the ligature is attended with an insuperable obstacle to obtaining perfect examples either of immediate union or of union by primary adhesion without the formation of some pus. I have never allowed myself to call any case a perfect example of either of these two methods of healing where *a single drop of pus* was seen. Neither of these two methods of healing, in this sense, can be perfect in any case where the ligature is used. The immediate effects of the ligature—the changes by which its removal is rendered possible, and its presence acting as a seton in the wound—render more or less suppuration at the points of deligation and in the tracks of the ligatures inevitable. I never saw, in the experience of any surgeon or in my own, where the ligature was used, a perfect example of either of the two desirable methods of healing without any suppuration. I believe such a case never was and never will be seen." (P. 138.)

We see in this paragraph how strict Professor Pirrie's definition of union by the first intention is, he considering no case a perfect example of it where "*a single drop of pus*" is observable. Yet in the course of his work he has described above a dozen cases of large surgical wounds, consisting of amputation of the limbs, excision of the mamma, removal of tumors, etc., where perfect and entire union by the first intention was obtained under acupressure, metallic sutures, complete rest of the wounded part, and the avoidance of all dressings; and he relates a series of other cases where the results were highly satisfactory, though the primary healing was *not* thoroughly and entirely perfect, because a small amount of suppuration was seen.*

Dr. Pirrie tells us (p. 66) that he has used acupressure in thirty-two cases where the "major operations" of surgery were performed, besides employing it in "many minor ones." In every instance, (he adds), "its use has been *most* satisfactory." Out of these thirty-two major operations, which he has given in detail—including seven amputations of the thigh†—thirteen cases, at least, healed entirely by the first intention, or *more than one in three*. Out of his first eight cases of acupressure, one only of the wounds cured entirely by immediate union, and without a drop of pus. Out, however, of his last twenty-four cases, fourteen of the wounds were healed by the first intention, and without a drop of pus —*or more than one in two*—showing, as was to be naturally expected, that he became more suc-

* See his *Inquiry concerning Constitutional Irritation*, p. 267.

† See, for example, the inferences I drew of the effects of the proposed practice of acupressure, when I first communicated it to the Royal Society of Edinburgh, in the *Edinburgh Medical Journal* for January, 1860, p. 650.

‡ In my volume on *Acupressure*, p. 116, I have, for example, stated that "I believe that after the sides and edges of a wound are properly approximated and adjusted with its metallic stitches, the best dressing, as a general rule, is—nothing, absolutely nothing," etc. See also p. 128, etc. etc.

* Take, for example, the first case in which Dr. Pirrie tried acupressure—namely, on the 16th of March, 1864. The patient was a boy six years of age; the malady, disease of the knee-joint; and the operation, amputation at the thigh. Four arteries required to be acupressed. The needles were removed in forty-eight hours, and no bleeding followed. "The wound," observes Dr. Pirrie, "healed by primary adhesion, but as there were a few drops of pus, I do not consider the case a perfect example of that mode of healing without the slightest appearance of purulent secretion. There could not have been more than six or eight drops of pus in all, as there was not the slightest stain upon the linen, except on two occasions, when the stains were not larger than half the size of a sixpence. This (adds Dr. Pirrie) was the first time I had ever employed acupressure, and the result produced a great impression on my mind, as it was *the nearest approach* I had ever seen to perfect primary adhesion after amputation of the thigh, or after amputation of any kind. But for these few drops of pus, I would have considered this case an instance of what—previous to the introduction of acupressure—I in vain longed to see—namely, an example of healing of an amputation-wound either by immediate union or the first intention, or by primary adhesion without a drop of pus. I have not (concludes Dr. Pirrie) called this a *perfect* specimen of primary adhesion, as I have never applied the term to the healing of a wound of any kind where a single drop of pus was seen, however gratifying the conditions in all other particulars may have been; and they could not have been more so than in this case." (Pp. 66-68.)

* Out of these thirty-two capital operations in which Dr. Pirrie employed acupressure, only three of the patients died—a very small mortality. On the general high rate of mortality among patients subjected to operations, and particularly to the major operations of surgery, see the *Medical Times and Gazette* for April 21, 1859. Dr. Pirrie states that not a single instance of *pyæmia*, or surgical fever, had as yet been seen, either by his colleagues or by himself, in any case where acupressure was employed. (P. 141.)

cessful in his results as he became more extensively and intimately acquainted with the practice of acupressure. To state these important facts in another form—

Among his first 8 cases 1 completely united—or 1 in 8.
Among his last 24 cases 14 completely united—above 1 in 2.

He had eight cases—among these thirty-two—of excision of the diseased mamma. In five of these eight cases the resulting mammary wounds closed at once, and without a single drop of pus.*

Has any surgeon, living or dead, ever, in using deligation, met with such marvellous success as Dr. PIRRIE has thus attained under the use of acupressure?

Could all the Hospitals of Great Britain, or of Europe, or of the World—if grouped and collected together—furnish within the same period of three years, as great a number of cases of large operative wounds, where the ligature was employed, healed entirely by the first intention, and without the appearance of "a single drop of pus," as the one little Hospital of Aberdeen?

And let us not forget—under this question—what an immensity of mental and bodily distress, discomfort, and even danger to health and life, is necessarily avoided and averted when surgical wounds are thus closed and healed in days, instead of weeks and months; and without those continuous dreaded dressings, and drainings of pus, which deligation usually, and almost inevitably, involves among its consequences.

In the way of illustrating these results let me adduce an individual case—a kind of evidence which, to some minds, is more impressive than any mode or amount of reasoning. For this purpose I might cite several, but I shall content myself with an abridgment of the last of the thirty-two cases which Dr. PIRRIE details, having, for another purpose, already given (*foot-note* p. 338) a similar abridgment of his first case. This 32d case was like his 1st case, one of amputation of the thigh, on account of extensive disease of the knee-joint, in a "delicate-looking" boy, six years of age. The femoral and two other arteries were acupressed. The pins were withdrawn in forty-four hours, without, as the patient said, "causing any pain." "After operation" (says Dr. PIRRIE) "I thought it necessary to caution the little fellow not to touch the acupressure-pins, which he called the pins with the beautiful (glass) heads; and I promised to give them to him after their removal. He took great care not to touch them, or allow any person except myself to do so; and, to his great delight, sent them home by his father for preservation until his return." The stump healed perfectly, and throughout every part, by the first intention; and, as Dr. PIRRIE expresses it, "either by immediate union or by primary adhesion: and I am inclined to think it must have been by the former, as no medium of union is discernible at the edges of the wound." No dressings were employed except a few metallic sutures, and three strips of isinglass-plaster, which were applied before the patient was removed from the operation-table. The sutures were all removed on the fourth day. After the operation the little patient slept well—was anxious for his food—had no uneasy sensation of any kind, local or general—and was in the highest spirits. A few days after the amputation, when, observes Dr. PIRRIE, "I entered the ward with the surgical pupils of the hospital, he was whistling most beautifully the 'Braes o' Mar,' and amusing himself by passing a little model carriage over an inclined plane he had got constructed in his bed. He continued to whistle the above and other airs till it was his turn to be visited!"

"This,"—Dr. PIRRIE further observes—"is one of the many instances we have lately seen in the Aberdeen Hospital of a capital operation and its after-treatment having been made *delightful* to the patients as well as to the surgeon. By the aids of chloroform, acupressure, no dressings, and the most perfect immunity attainable from every movement of the stump, many of the hindrances to these gratifying surgical scenes are removed. Since the use of dressings was discontinued in the Aberdeen Hospital, patients have looked forward to the visit of their surgeon as the happiest event of the day, instead of, as formerly, dreading the visit, and thankful when it was over." (P. 132.)

And why should these "delightful" results not be sought for and attained for the poor patients in every other surgical hospital as well as in that of Aberdeen. "Can"—asks Dr. KEITH (p. 189)—can anything but prejudice oppose a trial, when *such* present and prospective advantages are PROVED TO ACCRUE!"

In contrasting on one occasion acupressure with deligation, I ventured to remark that, while the ligature "generally requires two persons for its application," acupressure "requires only one person."* Let me cite an interesting piece of evidence on this point. Dr. DAVIDSON, the very able and zealous medical missionary to Madagascar, and surgeon to the Royal Court of that kingdom, is at present on a brief visit to this country. He has kindly furnished me with the following statement in regard to his experience of acupressure at Antananarivo, and under circumstances where, it is to be remembered, he had no educated professional assistant to aid him in his operations. I have myself been told by more than one English hospital surgeon that they were afraid even to try the use of the pin or needle instead of the ligature, and this too though they were surrounded by a staff of able and skilled professional assistants. Dr. DAVIDSON'S experience and success should surely serve as a sufficient answer to that weak argument against acupressure.

"During the last three years and a half," writes Dr. DAVIDSON to me, "I have used acupressure in about thirty cases, chiefly amputations, and also in accidental wounds, and after

* A case of removal of a very large mammary tumor was the first instance in which Dr. PIRRIE saw complete union under acupressure. Three vessels were secured and "relieved"—says Dr. PIRRIE—"from acupressure in forty-eight hours, without the slightest appearance of blood, and the wound healed entirely by immediate union, or the first intention—a result which (he adds) I had, up to that time, seen in two other cases only of excision of the mamma, but in them the vessels were so small as *to require no ligature*. The wound healed without a single drop of pus, or the slightest appearance of exudation of any kind." (P. 75.)

* See my work on *Acupressure* (1864), p. 449.

the removal of tumors. Although I have had no professional assistance in any of my operations, I have never had the slightest difficulty in applying acupressure. Indeed, the much greater ease and quickness with which acupressure is applied, as compared with the ligature, are to me, in my isolated position, very strong recommendations in favor of the former.

"I never had a single case of secondary hæmorrhage where acupressure was used. The wounds have healed more quickly and with less suppuration than when the ligature was employed. The method which I usually employ is what is described as the third in your work. I usually withdraw the needles in forty-eight hours, and, with most surgeons, I feel much relief when I have thus the wound free of all foreign bodies. In several instances I have applied acupressure to the largest artery which is ever cut in operations—namely, the femoral. I have never seen any cases of pyæmia; but this disease is rare in Madagascar. From the comparative facility and security with which acupressure can be applied, I have no doubt that when I come back from Madagascar—some years hence—I shall find it in common use in some British hospitals where it is not thought of at present; for it only requires a fair trial of it to prove to any unprejudiced mind its superiority over the ligature.

"Yours very truly,

"Andrew Davidson."

Edinburgh, Feb. 16, 1867.

"*P. S.*—I have used chloroform in hundreds of cases, and it is always given upon a folded handkerchief by one of the native assistants, none of whom have ever received a professional education. People come forty and fifty miles to be operated on; and they always ask for this '*ranomatory*,' or 'sleeping-water,' as they poetically term it, and it is as well known in the capital of Madagascar as in the capital of England—A. D."

In the work of Professor Pirrie and Dr. Keith, above eighty capital operations are reported as treated by them and Dr. Fiddes with acupressure. As this sheet was going to press, I received a note from Professor Pirrie, dated February 26, 1867, telling me that up to this time he had himself, in major operations, successfully applied acupressure to arteries "in 137 examples, occurring under every diversity of circumstances," besides using it in many minor operations. Eight times he has acupressed the femoral artery.

Women Doctors.

The movement in favor of women practitioners of medicine is attracting much attention in England, as well as in this country. A correspondent of the *British Medical Journal*, brings to notice the following lines from the *Faery Queen*, as in some degree appropriate to the subject:

"So prosper'd the sweet lass: her strength alone
Thrust deftly back the dislocated bone;
Then culling curious herbs, of virtue tried,
While her white smock the needful bands supplied:
With many a coil the limb she swathed around,
And nature's strength return'd, nor knew the former wound."

Reviews and Book Notices.

Back-bone; Photographed from "The Scalpel." By Edward H. Dixon, M.D. New York: R. M. De Witt, publisher, 1867.

We cannot claim to have *read* this book; as the perusal of a few chapters (or articles) of it satisfied us that to finish it, although a thing not difficult or tiresome to do, might suit best those who have leisure for light reading. It belongs to sensational literature. The author evidently prides himself upon an Ishmaelitish position in reference to the medical profession. This is shown in several portions of the book; most decidedly, (though, at the same time, with a great deal of obscurity,) in "An Undelivered and Unorthodox Address." What his opinions really are, is not to be readily gathered by reading those articles which particularly treat of medical subjects. We are willing to believe, however, that the profession may survive without an exact determination as to *what* they are. Candor impels us to add, that we are prompted to hope that Dr. Dixon's ratiocinations may sometimes have more earnestness than they display of wisdom, by the papers upon "Infidelity of Medical Men," and "Abortionism." By the way, a circular inserted into the volume, promises with it "a splendid photographic likeness of the author;"—which our copy does not contain.

Practical Dissections. By Richard M. Vogdes, M.D., formerly Demonstrator of Anatomy in the Medical Department of Harvard University. Second edition, thoroughly revised. Philadelphia: Henry C. Lea, 1867. 12 mo., pp. 286. *Price*, $2.00.

An excellent, convenient, and beautifully printed manual of practical anatomy, is here presented. Brevity and clearness have been sought and attained in its style; and the general arrangement of its matter is good.

The Indigestions; Or, Diseases of the Digestive Organs Functionally Treated. By Thomas King Chambers, &c., &c. Philadelphia: Henry C. Lea. 1867. *Price*, $2.50.

Not long since we noticed the English edition of this work. Without, of course, containing as much original matter as the same author's "Renewal of Life," it is valuable on account of its practical and judicious consideration of a very important class of maladies, illustrated by cases.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 20, 1867.

S. W. BUTLER, M. D., *Editor and Proprietor.*

THE INTERNATIONAL MEDICAL CONGRESS AT PARIS.

The International Medical Congress will be opened at Paris on the 16th of August next. The Central Committee earnestly desire an active participation in the Congress on the part of Medical Societies from all parts of the world, by sending delegates to represent them.

By the third article of the Statutes, foreign delegates are admitted without any pecuniary consideration.

The undersigned having been appointed a Corresponding Delegate by the Central Committee at Paris, would urge upon Medical Societies the propriety of appointing delegates to the Congress as speedily as practicable, and reporting them to him, that he may forward them as early as possible to the Central Committee.

S. W. Butler, M.D.,
Philadelphia, Pa,
Corresponding Delegate.

☞ Medical Journals please copy.

RAILWAY COMMUTATION.

We are sorry to learn that the main trunk lines of railway through this State and New York, refuse to grant commutation tickets to Delegates to the meeting of the American Medical Association in Cincinnati next month. We fear this decision will have the effect to diminish the representation at that meeting from the states east of the Alleghenies, and north of Baltimore. The Baltimore and Ohio road, we understand, will commute.

This, we learn, is a concerted action on the part of the main trunk lines of this State and New York, and that it applies to delegates to all public bodies. We cannot but think that it is a narrow policy that throws obstacles in the way of the people meeting in convocation.

We shall, as we obtain the facts, publish a list of the lines that will commute.

The same regulation will be likely to prevent a full delegation from going from the eastern section of the State to the meeting of the Medical Society of the State of Pennsylvania, at Pittsburg, in June.

We have received the following note from the Permanent Secretary of the American Medical Association, Wm. B. Atkinson, M.D., 215 Spruce Street, in this city, giving a partial report of roads that have agreed to commute.

"The following Railways have agreed to pass our delegates home from Cincinnati on my certificate: Kentucky Central, Cincinnati and Marietta, Cincinnati, Hamilton and Dayton, Dayton and Michigan to Toledo."

"The following have refused:

"N. Y. Central, Penna. Central, Lake Shore, Pittsburg and Fort Wayne, Western R., of Mass., Cincinnati and Indianapolis, Ohio and Mississippi, Michigan Central, and Michigan Southern."

MECHANICAL MEDICINE.

We have received a communication from Dr. E. P. Banning, proposing, after the appearance of his next paper, which closes the series on the trunkal bearings as they affect the organs in the pelvic cavity, to discontinue his series of communications, which, for the past several months have occasionally appeared in our pages, on mechanical appliances in certain derangements of the internal organs. This proposal is made by Dr. Banning lest he should tire the patience of the readers of the Reporter.

We have no evidence that will justify such a conclusion. It is true a very few have objected to this series of papers in toto, while others have thought that too much was claimed for mechanical treatment in the premises. On the other hand, we know that Dr. Banning's papers have attracted a great deal of attention both in this country and in Europe, and his arguments have been looked upon as philosophical and reasonable by some of the first minds in our profession. As an evidence of the force of his reasoning, we may mention that he has received *nearly six hundred letters* from members of the profession in this country and Europe, as the result simply of the articles he has published in the Reporter. To our personal knowledge a great many medical men have given his instruments a trial, and have been satisfied with the results. Let those who have had experience with them report pro or con. Dr. Banning has thrown himself upon the profession, confident as to the result.

We employed Dr. Banning to write for the Reporter at a stipulated rate per page, because we were convinced that there was something in his apparatus that it would be beneficial to the profession to know, and the attention that his articles have attracted seems to justify the conclusion we arrived at before his series was commenced. It will be very remarkable if there is nothing at all in a mechanical idea that has elicited a correspondence amounting to more than sixty letters a month!

It was a part of Dr. Banning's plan to discuss the subject of mechanical appliances as affecting

the cardiac, pulmonary, and spinal functions, and from the evidence we have, we feel that we will be serving the profession by continuing to publish an occasional brief article from his pen. Our readers must be the judge to what extent to receive Dr. Banning's arguments. He may be an enthusiast on this subject, and claim too much for mechanical appliances. If he does, let those who have been so far convinced by his arguments as to make use of such treatment in the affections in which he recommends it, controvert his statements if they are not true, or place a proper estimate upon his method of treatment if too much is claimed for it.

We have no interest in Dr. Banning or his appliances, but if his mechanical ideas have a philosophical foundation and are useful to the profession and to suffering humanity, it is a part of our business to let it be known.

THE LATE DR. THOMAS HUNT, OF NEW ORLEANS.

We regret to announce the decease of the distinguished man whose name stands at the head of this article. He died at the St. Charles Hotel in New Orleans on the 20th of March.

Dr. Hunt was one of the most distinguished physicians of New Orleans, having attained an enviable reputation, not only in his own city and state, but throughout the country, for science, learning, and every accomplishment that could command success and popular confidence as a physician, savant, and teacher. During his long career in New Orleans, he enjoyed the confidence of a large circle of devoted friends, patients, and admirers, who were bound to him, not more by his great talents and skill, than by his uniform courtesy and dignity of manner, and his warmth of heart, and fidelity to all the claims of friendship and performance of duty.

Dr. Hunt was born in Charleston, S. C. After graduating at College with high distinction, he emigrated to and settled in New Orleans. This was thirty years ago. He immediately assumed a prominent position in his profession, which he has ever since maintained, extending, every year, the circle of his usefulness and fame. He was one of the original founders of the University of Louisiana, and he and Dr. Warren Stone—who attended him during his last illness—were long associated as Professors in its Medical Department. Dr Hunt was Professor of Physiology and Pathology.

As a lecturer Dr. Hunt was exceedingly eloquent and learned, always ready on all questions relating to the science of medicine. In the social circle he was remarkable for his ready wit and agreeable converse. Dr. Hunt was about fifty-six years old. He had been twice married, and leaves a widow, a native of Charleston. One of his daughters resides in this city.

The substance of the above, is prepared from a notice published in the *New Orleans Times*. That paper, in describing the funeral, says:

"The remains of this distinguished gentleman, President of the University of Louisiana, and one of the Professors of its Faculty of Medicine, were yesterday followed to the grave by a very large number of our oldest and most respected citizens, representing especially the learned professions. This was due to one, himself an admirable example of erudition and the representative man of deep research and liberal education. It was due also to a family honored for its virtues and eminence in the higher walks of literature and useful learning. The service of the Anglican Church was performed over the remains at Christ Church, by the venerable rector, Rev. Dr. Leacock, whence the solemn procession wended its way to the tomb. No man deserved more the respect of our citizens. To none could they have been more heartily rendered. Thus has ended a most useful and honorable career. May the example of so reputable a life be an incentive to the rising and active generation to follow in his footsteps."

Notes and Comments.

The Surgical Diseases of Women.

By an announcement in another column, it will be seen that Dr. Horatio R. Storer, of Boston, will in June deliver a course of twelve lectures to physicians, at his rooms in Boston, on the Surgical Diseases of Women. Dr. Storer's qualifications for giving such a course are, it is well known, of the first order. He has for years devoted special attention to such diseases—was a student of and associated with Simpson of Edinburgh, being his assistant in practice in 1854—5, and was selected by him as one of the editors of his Obstetric Works.

We trust the Doctor will receive sufficient encouragement to induce him to continue his lectures at stated periods, once or twice a year.

Medical Teaching in Danville, Ky.

Drs. John D. Jackson, S. P. Breckenridge, and Prof. Ormond Beatty, of Danville, Ky., have associated themselves for the purpose of giving systematic instruction to students of medicine. The different branches of medicine are divided between Drs. Jackson and Breckenridge, while the students will have access to the lectures of Professor Beatty, in Centre College, on natural philosophy, chemistry, toxicology, and zoology. Illustrations in clinical medicine will be drawn from private practice.

This arrangement is a good one, and from

what we know of the intelligence, general medical attainments, and energy of Drs. Jackson and Breckenridge, we doubt not that it will be made beneficial to students. For particulars, address Dr. Jackson.

Fraternising With Quacks.

In the Reporter of March 30th, we referred to an advertising sheet called "The Doctor," a copy of which was before us, and contained the cards of several of the prominent physicians and surgeons of Cincinnati, associated with those of quacks, which, we had been informed, were put in "by authority," and paid for, as advertisements.

We are now informed by one of the parties named, that the insertion of the cards was wholly unauthorized, and is regarded by the members of the regular profession of that city as an outrage upon them, which they consider themselves powerless to prevent, as the parties committing it are irresponsible. We should be disposed to try whether there is no virtue in an injunction. There certainly must be some legal redress against so flagrant an outrage.

The Mineral Springs of the United States.

Messrs. Kelly & Piet, of Baltimore, have in press and will shortly publish a work by Dr. J. J. Moorman, of Salem, Virginia, on the mineral springs of the United States. The work will be issued in excellent style and will fill a void long felt in our medical literature. The author, a well known and accomplished physician, possesses every possible qualification for the task he has undertaken, great clearness as a writer, and a perfect acquaintance with the subject.

Correspondence.

DOMESTIC.

The Anæsthetic and Medicinal use of Chloroform.

Editor Med. and Surg. Reporter:

My attention was directed to a case of death by chloroform reported a short time ago. Permit me to make the following suggestions, as I have given it in over two hundred cases in the army and elsewhere. 1st. It is dangerous to give chloroform in well marked heart disease; to persons habitually intemperate; to patients pale, leucophlegmatic, corpulent, and of weak circulation. Again, 2d. Repetition increases the danger if within a fortnight. 3. Aquæ ammoniæ is by far the best immediate restorative. I have seen many cases where its success was well demonstrated, both circulation and respiration having stopped where other usual means had failed. It surprises me that it is reported as not having been used in the case referred to above, its use in cases of syncope being so well known and common. 4. Small weak constitutions or where its use is contra-indicated but desirable, a moderate dose of brandy given thirty minutes before an operation very much lessens the risk, though the patient thereby be made more restless for a time. I never have read of a fatal case where this precaution was used. 5th. No more than f.ʒij., should be put on the towel at one time, and time given to get its full effect before more is used. In the Bellevue Hospital case, f.ʒss, is stated to have been used without effect, and then ether given on the *same* towel—the ether increasing the effect—though the case seems to have been judiciously managed otherwise.

I have used chloroform internally for several years in combination with fluid ext. valerian and other nervines in delirium tremens, hysteria, etc., and fully endorse all the commendations of your correspondents. Used it lately in two cases of *mania-a-potu* in f.ʒij., doses every two hours, until sleep ensued. One or two doses were effective and more thorough than opium with less subsequent loss of appetite and prostration. I prefer syrup of ginger for a vehicle in its use.

H. L. W. Burritt, M.D.

Bridgeport, Conn., March 20th, 1867.

News and Miscellany.

Compulsory Vaccination.

At a late meeting of the Common Council of this city, a resolution offered by Mr. Stanton, that after the first of May no child should be admitted into the Public Schools without evidence of having been vaccinated within one year of the application, was amended by striking out one and inserting seven, and then adopted.

—— Dr. Elsner has succeeded in sensibly volatilizing carbon, and fully volatilizing silver, gold, the black oxides of cobalt and copper, green oxide of chromium, red oxide of iron, and oxide of iridium, by the temperature obtained in an enamelling furnace at some porcelain works. Platinum resisted this temperature, but platinum black (platinum separated in powder from a solution of one of its salts) was melted into small buttons.

—— Hudson River Asylum for the Insane.—The Managers of this Hospital, soon to be erected in Poughkeepsie, have appointed Dr. Joseph M. Cleaveland, of the State Asylum in Utica, Superintendent of the new institution.

ARMY AND NAVY.

ARMY.

Assigned to Duty.—Brevet Brig.-Gen. F. A. McParlin, Surgeon, Medical Director, is assigned to duty as Chief of the Medical Department of the Fifth Military District, and ordered to report without delay to the commanding General of the District of New Orleans. Brevet Col. J. R. Smith, Surgeon, Medical Director, is assigned the Chief of his Department in the Fourth Military District, and is ordered to report in person without delay to the commanding General at Vicksburg. Brevet Lieut.-Col. J. M. Getty, Surgeon, Medical Director, assigned Chief Inspector of Department in Third Military District, and ordered to report without delay to the commanding General at Atlanta. Brevet Lieut.-Col. C. Page, Surgeon, assigned as Chief of his Department, Second Military District, and ordered to report to the commanding General at Charleston. Brevet Col. J. Simons, Surgeon and Medical Director, assigned to duty as Chief of Medical Department in First Military District, and ordered to report in person without delay to the commanding General of the District at Richmond.

Brevet Lieut.-Col. J. R. Gibson, Assistant Surgeon, has 20 days' delay granted in reporting for duty at Santa Fe, New Mexico.

NAVY.

List of changes, etc., in the Medical Corps of the Navy, for the week ending April 13, 1867.

Past Ass't Surgeon E. M. Stein, detached from the Naval Rendezvous, Boston, and ordered to the Rec'g Ship Potamac, Pensacola, Florida.

Ass't Surgeon Wm. M. Nickerson, ordered to duty at Naval Rendezvous, Boston.

Past Ass't Surgeon E. M. Stein, promoted to Surgeon on the retired list.

MARRIED.

Curtis—Baker.—On the 3d inst., at the residence of the bride's parents, by Rev. J. F. Halsey, Mr. James A. Curtis, of Princess Anne, Md., and Miss Kate M., daughter of Dr. C. S. Baker, of Norristown, Pa.

Dippolt—Clarke.—On the 20th of March, in Cranberry, N. J., by the Rev. John Lowrey, Dr. Charles Dippolt, of Trenton, N. J., and Miss Mary B. Clarke, youngest daughter of Benjamin M. Clarke, Esq., of the former place.

Luckey—Ambler.—At Christ Church, Fifth Avenue, New York, on Wednesday, April 10, by the Rev. F. C. Ewer, assisted by the Rev. G. B. Reese, of Dobb's Ferry, R. Livingstone Lackey and Mary G. Ambler, eldest daughter of Dr. J. G. Ambler, all of New York.

Osborne—Fox.—By Rev. G. W. Newell, March 31st, Dr. E. H. Osborne, of Belleville, and Miss Marion H., daughter of Rev. M. A. Fox, of Oregon, Wisconsin.

DIED.

Alcock.—In New York, April 4, Dr. James Alcock, aged 63 years and 16 days.

Brinckerhoff.—In New York, April 3, John Brinckerhoff, M. D., of Chicago.

Cooke.—At Holmdel, N. J., 10th inst., Sarah Elizabeth Cooke, only daughter of Dr R. W. Cooke.

Cooper.—In New York, April 11, Dr. James S. Cooper, in the 49th year of his age.

Gallagher.—In this city, on the 12th instant, Barbara J. M. Cardeza, relict of the late Dr. Joseph H. Gallagher, and eldest daughter of John Warburton.

Harris.—In Harrisburg, Pa., April 8th, suddenly, of heart disease, Dr. B. H. Harris.

Morrison.—In Sterling, Illinois, March 15th, Dr. William G. Morrison, aged 34 years. Dr. Morrison was born in Lancaster county, Pennsylvania. Last spring he removed to the West.

Spencer.—In Moorestown, N. J., on the 6th inst., Dr. J. J. Spencer, in the 75th year of his age.

OBITUARY.

Caspar Wistar Pennock. M. D.

Pennock.—At his residence, at Howellville, Delaware county, Pa., on the 16th inst., Dr. Caspar W. Pennock, in the 68th year of his age.

The following notice of Dr. Pennock, we find in the *Evening Bulletin* of this city.

Dr. Caspar Wistar Pennock, whose death at his residence in Delaware county occurred a day or two since, was one of those men whose names should not be permitted to pass away without a notice. The disease of his spine many years since compelled him to abandon the active duties of his profession, and withdraw to his country residence; where its gradual but irresistible progress destroyed all power of motion, leaving his mind only, and that entirely unaffected. That mind was of no ordinary character, and in the few years of his bodily vigor he had accomplished results which have linked his name indissolubly to those who adorned a profession which must ever stand the highest of human pursuits. As physician to the Philadelphia Hospital, a teacher of medical science, and the author of a work on diseases of the heart, illustrated by a series of well conceived and admirably executed experiments, he was well known to his compeers, who now occupy the most prominent positions in the distinguished medical associations of this city, to whom he was also endeared by those higher and nobler traits of moral character which adorned his entire life.

In Medical Science his reputation was high in Europe as well as at home, and his name will be transmitted to posterity as that of one who labored successfully to increase those stores of knowledge which enable physicians to arrest the progress of disease, and alleviate the sufferings of their fellow men,—while upon the hearts of the few who were not prevented by his secluded residence and diseased body, from social intercourse, he has left an indelible impression of distinguished worth. With an unwavering faith in the objective truths of the religion of Christ, he cultivated nobly that enduring charity which is its highest manifestation, and lived and died as one of those worthy to be had in everlasting remembrance.

METEOROLOGY.

April,	8,	9,	10,	11,	12,	13,	14.
Wind	S.	S.	S. W.	N. W.	N. E.	W.	S. E.
Weather	Clear.	Clear.	Cl'dy.	Clear.	Cl'dy	Clear.	Clear.
Depth Rain							
Thermometer.							
Minimum	41°	45°	40°	42°	39°	40°	39°
At 8, A. M.	49	54	45	50	49	53	47
At 12, M.	64	57	57	54	55	59	60
At 3, P. M.	65	58	56	56	56	60	60
Mean	54.75	53 50	49.50	50 50	49.75	53.	51.50
Barometer.							
At 12, M.	30.2	30.3	30.	29.9	29.9	30.4	30.4

Germantown, Pa. B. J. Lehon.

AMERICAN MEDICAL ASSOCIATION.

The Eighteenth Annual Meeting of the American Medical Association will be held in Cincinnati, Ohio, on Tuesday, May 7th, 1867, at 11 o'clock, A. M.

Secretaries of all Medical Organizations are requested to forward lists of their delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON,
215 Spruce Street, Philadelphia, Pa.